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ABSTRACT

The Teenage Health Teaching Modules (THTM) program is a health education curriculum for adolescents. Each THTM module frames an adolescent health task emphasizing development of self-assessment, communication, decision making, health advocacy, and self-management. This module is designed to help the classroom teacher introduce health-promoting knowledge, attitudes, and behaviors that will help adolescents to help themselves and other family members develop positive health practices. The module focuses on certain health practices that can promote good health at every stage in the life cycle. Students become engaged in dealing with their own health behaviors and those of their friends. They learn about their own health backgrounds. They become aware of the care and protection that is important in the childhood years, and learn how they can contribute to the health of other family members. In eight activities, the student: (1) studies the "We Are a Family" poster; (2) examines health concerns of adolescents and makes a plan for his/her own concern; (3) plans and pledges help for a friend's safety; (4) identifies health practices related to child bearing; (5) learns child health and safety; (6) learns of midlife health risks; (7) learns how to promote health in later years; and (8) plans and execute a group activity for health and fitness. An attached booklet provides a format for keeping a record of personal health and development for oneself and for close family members. The student using it is encouraged to maintain it and add new information as individual life style changes. (JD)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

PRELIMINARY DRAFT
ADMINISTRATIVE REVIEW COPY

Public Health Service
Centers for Disease Control

Memorandum

Date · October 1983

From Director, School Health and Special Projects
Division of Health Education
Center for Health Promotion and Education

Subject Teenage Health Teaching Module
PROMOTING HEALTH IN FAMILIES

To Colleagues in School Health and Health Promotion

The attached module, Promoting Health In Families, is one of sixteen modules in the Teenage Health Teaching Modules (THTM) program. The overall goal of this health curriculum for adolescents is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being and that of the families, schools, and communities which they belong.

The THTM program was produced under contract (CDC 200-79-0922) between the School and Society Programs of the Education Development Center, Inc., and the Center for Health Promotion and Education of the Centers for Disease Control.

Inquiries related to this module should be directed to this office. Write or call:

Centers for Disease Control
Center for Health Promotion and Education
Division of Health Education
Attn: School Health and Special Projects
Atlanta, Georgia 30333
(404) 329-2829
FTS 236-2829

Roy L Davis

Roy L. Davis

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SP 026 475

This is one module in the Teenage Health Teaching Modules (THTM) program, a health education curriculum for adolescents developed by Education Development Center, Inc. (EDC) and funded by the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

The overall goal of the THTM program is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being, and that of the families, schools, and communities to which they belong.

The THTM program emphasizes development of the following health skills: self-assessment, communication, decision making, health advocacy, and self-management. For a complete description of the THTM program, additional materials, or assistance in using these materials, please write or call Teenage Health Teaching Modules, Education Development Center, Inc., 55 Chapel Street, Newton, MA 02160, (617) 969-7100. Official health and education agencies may also contact the School Health and Special Projects Office, Division of Health Education, Center for Health Promotion and Education, Centers for Disease Control, Atlanta, GA 30333, (404) 329-2829 or FTS 236-2829.

TEENAGE HEALTH TEACHING MODULES

Health Is Basic: An Introduction to the THTM Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

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Of the 16 modules, the following eight modules received some field testing - CHOOSING A HEALTHY WORKPLACE, PLANNING A HEALTHY FUTURE, HEALTH IS BASIC: AN INTRODUCTION TO THE THTM PROGRAM FOR TEACHERS AND STUDENTS, PREVENTING INJURIES, LOCATING HEALTH RESOURCES, PROTECTING ONESELF AND OTHERS - SMOKING, DRINKING, AND DRUGS, ACTING TO CREATE A HEALTHY ENVIRONMENT, AND PROMOTING HEALTH IN FAMILIES.

The contractor was not required to revise the modules based on this limited field test; but, we feel that it is necessary to share the reactions received with you. Listed below are the comments on PROMOTING HEALTH IN FAMILIES as reported to us by the contractor in their report entitled, Eight Teenage Health Teaching Modules: A Preliminary Review, July 1983.

Review Sources: Teacher logs

1. Senior high school health (Colorado). (Log comments based on reading the module only -- not actual use.)

2. Eleventh grade required health/physical education (Minnesota).

3. Tenth grade elected health (Massachusetts).

Overall Reactions

Overall reactions to the module PROMOTING HEALTH IN FAMILIES was positive. Teachers found the activity directions clear, the presentation methods comfortable and the amount and quality of background material provided excellent. A Massachusetts health teacher was particularly complimentary of the teacher information accompanying Activity Six ("Promoting the Health of Parents"). "The background section was superb. These pages will be invaluable to my classes next year." In fact all of Activity Six was portrayed positively by the teachers who used it. High school students appear to be very interested in and concerned about their parents' health and eager to talk about it. In one class, discussion expanded to include a wide array of health problems as well as the signs and symptoms of possible problems that warrant a physical examination. Other positive components of the module specifically cited included: the Me booklets, which engaged students, the Do You Know questions and Me activity from Activity Seven. No teachers tried Activity Eight. Several mentioned the difficulty in implementing a family project. One teacher cautioned, for example, "Doing this activity is difficult in a area where most parents work two jobs -- some all night. Money is also a factor. We would have to think of a way to design a no cost or low cost event."

Overall reactions of module users to PROMOTING HEALTH IN FAMILIES are represented in one teacher's concluding evaluation comments: "This unit was absolutely fantastic. I believe that the concepts presented are essential for every high school student."

Issues/Ideas and Suggested Revisions

- Include more than two posters with each module to accommodate an average size class of 25-30 students.

- Expand Activity One stories and Activity Two topics to better reflect "today's happenings," i.e., illustrating the activities/concerns of inner city adolescents.

- Add more explanation with the graph on page 27 of Activity Three. For example, why is the homicide rate up among "all others"?

- Modify Activity Eight by including an alternative to the family project or by simplifying procedures and costs so that teachers will consider trying it.

Two specific issues raised during the review and/or implementation of this module included:

1. The narrow conception of family held by most adolescents.

2. Student recognition of their lack of concern, awareness or understanding of issues related to the elderly.

Technical Review Comments

Technical reviewers were generally positive about the module PROMOTING HEALTH IN FAMILIES. As one reviewer commented: "It has been thoughtfully and sensitively developed based on sound documentation. It fosters personal responsibility and supports family life and change and growth. It should have widespread usefulness." Specific recommendations for revisions include: focusing more attention on risk factors and health problems during pregnancy which might affect pregnancy outcome and infant health, offering information on community resources available for confidential counseling about sexual concerns and family planning, adding information on sexually transmitted diseases.

The student booklet, TEENAGE HEALTH CONCERNS (incorporated from the curriculum Family and Community Health Through Caregiviing) generated a number of comments from technical reviewers. Developers can refer to comments in the technical review folder for specific concerning both the content and approach of this companion piece, (e.g., vocabulary level, tone of the section, "Social Implications," accuracy of the information presented in the alcohol section). These comments should be reviewed in detail by the original developers of the booklet.

Concluding Comments

Preliminary review of the final eight Teenage Health Teaching Modules is largely positive. Reviewers consistently state that the modules are clearly organized and provide adequate background material for teachers. They also comment that the activity methods and content are appropriate for junior and/or senior high school students. Health educators are impressed with the variety of teaching strategies integrated into the modules, and generally feel comfortable with the teaching methods.

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NOTE: The Me Booklet content that is referred to above and within the teaching manual has been attached at the end of this module.

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Introduction

Families are the most basic and stable units in our society. We are organized around families, for it is in these units that children are born and nurtured, supported and raised, and helped to achieve physical, emotional, and social independence over the years. Human babies are born helpless, and their period of dependency is relatively long. Even after physical dependence is over, children psychologically need adults in their lives. The family is the basic unit of socialization. Children learn from their parents' behavior, and both spoken and unspoken communication, about fears, cautions, happiness, beliefs, faith, and perspectives on the future.

Families, then, are the site of primary health care of individual family members. If we think of health as well-being, as feeling good in body and spirit, it is in the family that health care is first learned by children. Parents care about how their children are feeling and faring and functioning, and their inquiries and practices establish viewpoints about health in the young. Practices that have to do with nutrition, exercise, sleep patterns, treatment of common, non-serious ailments, safety, and sex roles are all part of the lives of young children, and they assimilate the attitudes and practices they are exposed to.

There is a growing abundance of medical technology and specialized clinics, a proliferation of medical specialists, and increased availability of community institutions that serve health needs. But institutions that are health-related are, for the most part, accident- and disease-related. The foundation of good health--the maintenance of well-being and the fostering of good preventive procedures--are still fixed in the family setting. Therefore, new data, new research studies, and new perspectives on health should be accessible to family members. Strategies must be found to get this information to families before health crises strike.

Sometimes new data does not change practices or perspectives but reaffirms old beliefs. The 1979 report of the Surgeon

General of the United States recommends that, to retain good health, people should take these measures:

- Eliminate cigarette smoking
- Reduce alcohol misuse
- Intake in moderate amounts: calories, fat, salt, and sugar
- Exercise moderately
- Have periodic screening (at intervals determined by age and gender) for major disorders such as high blood pressure, cancers, etc.
- Adhere to speed laws and use safety belts in automobiles.

Initiation and reinforcement of these measures take place primarily at home within the family unit. However, it is increasingly apparent that the school, as well as other institutions, can also help to promote these practices for the young people in their direct charge, and indirectly even for their families through strategies that promote cross-age participation.

This module is designed to help the classroom teacher introduce health-promoting knowledge, attitudes, and behaviors that will help the adolescent to help themselves and other family members.

It is important for adolescents to become increasingly able to take direct responsibility for their own health behavior. They are not as much under the direct daily supervision of their parents as they were as younger children. More and more of their activities take place away from home. With their growing independence, and their adolescent need for more personal privacy, young people should establish their own methods of self-monitoring, a useful, constructive strategy for promoting life-long good health.

We know that one of the most effective ways to learn is to teach, so it is the goal of this module to help young people become the teachers of good health practices in their families. There are certain health practices that can promote good health at every stage in the life cycle, and the module addresses that issue by focusing on the different stages in the activities. Students become engaged in dealing with their own health behaviors and those of their friends. They learn about their own health backgrounds, information they

can carry into their own futures. They become aware of the care and protection that is important in the childhood years, and they learn how they can contribute to the health of their parents and grandparents. The mechanism of making their own health histories explicit as they collect data about their own past, present, and even plans for their own health future, will help, we believe, to initiate a life-long activity of record-keeping and analysis that will help them to lead healthy, productive lives.

Even though this module focuses on what happens in families, it is important not to intrude into the families involved. Each family operates according to its own individual structure, a structure that works to support the people within it. It is important to each person's self-esteem to see the family as a workable unit--albeit sometimes with problems that must be dealt with. Students should not be put in a position of defending their families or family practices. The intent of the module is to help them promote healthy behaviors in their families without making them feel that their families are deficient or in need of interfering action.

Our families, for the most part, make us feel good and help us stay that way. This module will attempt to infuse the young learners with a positive spirit of appreciation for the continued well-being of the families that they are now a part of, and a sense of responsibility for the families that they will initiate and be a part of in their futures.

Note to teachers: If you are also using the module Locating Health Resources, you may want to explain to students why they compile their personal health records in that module and in this one. The health records, integral to each module, are compiled for very different reasons, in Locating Health Resources to gain familiarity with health service records, and here to create a permanent and highly personal health record, a record that students will add to over the years.

Goals of the Module

- To promote the idea that everyone is part of a family, and to help young people feel comfortable in the family setting they are in, no matter what its configuration.
- To help young people recognize that health is a concern at every stage of the life cycle, and that knowledge about good health practices and behaviors can enhance well-being at each stage.
- To help students understand that they can take some responsibility in promoting health in their friends, and thereby become more responsible about their own health.
- To increase awareness of and concern about the importance of sound health practices in a prenatal period as an essential to the health of a fetus and young child.
- To impress young people with the knowledge that parents must take responsibility for the physical health of children from conception to independence.
- To convey the knowledge that each of us is responsible for the health of all other family members; no matter what their age, each person takes responsibility for the physical, mental, and social well-being of other family members.
- To encourage the understanding that family strengths should be identified and built upon to make the family an effective healthy unit.

Module Overview

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHOD	# OF CLASS PERIODS
One			
We Are a Family	Students study the "We Are a Family" poster and consider what families are like, whom they are made up of, and what makes them "work."	Studying a poster, discussion, starting a personal health journal	1
Two			
Promoting My Own Health (Adolescent Health)	Students examine common health concerns of adolescents (using a resource booklet), and make a plan to deal with a specific health concern of their own.	Small-group work, written homework, developing a contract with themselves, optional game	1 or 2 (if optional game is played in class)
Three			
Promoting the Health of My Friend (Adolescent Health)	Students discuss and make a plan for helping a friend with a health problem, then execute a solemn pledge of support for safety of a friend.	Mini-lecture or student reading, small group discussion, and worksheets, adding to health journal	1

(Continued Next Page)

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHOD	# OF CLASS PERIODS
Four			
Good Health Begins Before Conception (Prenatal Health)	Students confront the very real issues in prenatal health practices, identifying possible danger areas and health practices they can initiate toward future health child bearing.	Information sheets, small group discussion, individual planning exercise, adding to health journal	1
Five			
Protecting Children in Families (Early Childhood Health)	Students consider ways that children need to be protected, discussing accidents, measures for accident prevention, and a recommended pediatric health maintenance program. They develop a series of guidelines for baby sitters.	Handouts, small-group work, developing a home check list (Optional), adding to health journal	1
Six			
Promoting the Health of Parents (Health at Midlife)	Students learn of the health risks at midlife that might affect their parents or other adults they are close to. They begin to plan sound health practices for their own middle years, and see their parents' health histories as being related to their own.	Mini-lecture, informational handouts, small-group discussion based on personal health planning chart	1

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHOD	# OF CLASS PERIODS
Seven			
Promoting the Health of Grandparents (Health in the Later Years)	Students learn that although older people may have specific health problems, their families can promote their general health and well-being during their later years.	Mini-lecture, handout sheets, data gathering by interview	1
Eight			
A Happy, Healthy Event for the Whole Family	Students plan and execute health-, fitness- and nutrition-related group activity involving their families and complete their personal health journals.	Planning, analysis, executing a plan	1

Activity One

We Are a Family

Objectives

Cognitive: Students will:

- Learn that families come in all shapes and sizes.
- Become aware that there are many activities that families do together to promote their physical, emotional, and social well-being.

Affective: Students will be aware that:

- They have a sense of appreciation for their own family and their interactions within it.
- Doing things together in families makes people feel good.

Skills: Students will:

- Conduct interviews to gather specific information.
- Record information accurately.

Activity at a Glance

Students use a poster to see that families come in all configurations and sizes, and they establish the concept through discussion that many different family systems are successful. Whatever the shape of the family group one comes from, it operates as a complete system with different members playing different roles.

Preparation

1. Familiarize yourself with the introduction to the module.

2. Tack up the two "We Are a Family" posters in different parts of the classroom so that groups of students can gather around each one to study it. You may want to number each photograph so that specific photographs can be discussed.

3. Prepare to have students start work on their own individual copies of the booklet ME: My Personal Health History. Each student should have a three-ring notebook to hold the booklet and additional forms or information sheets that will be distributed as part of this module. Encourage the students to keep these materials together, if possible, because some of the medical and family information will be valuable when they have their own families.

4. Familiarize yourself with the discussion questions in the poster exercise. You may want to refer to specific photographs on the poster in your questioning. Some answers are suggested to help you stimulate class discussion.

5. Have the ME booklets ready to be passed out before the end of the class period.

6. If you are interested in or feel the need for additional background information for the teaching of this module, the following books and periodicals are particularly valuable.

Bane, Mary Jo. Here to Stay; American Families in the Twentieth Century. New York: Basic Books, 1976.

Rubin, Lillian. Worlds of Pain; Life in the Working Class Family. New York: Basic Books, 1976.

Stinnett, Nick; Chesser, Barbara and De Frain, John. Building Family Strengths; Blueprints for Action. Lincoln, NB: University of Nebraska Press, 1979.

Family Relations; Journal of Applied Family and Child Studies, published quarterly by the National Council on Family Relations, 1219 University Avenue Southeast, Minneapolis, MN 55414.

Family and Community Health; The Journal of Promotion and Maintenance, published quarterly by Aspen Systems Corporation, 16792 Oakmont Avenue, Gaithersburg, MD 20877.

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Procedure

1. "We Are a Family"

Have students gather around the two "We Are a Family" posters.

The purpose of this activity is to help students feel positive about the family groupings they come from, to help them to value themselves and the people they live with, and thus help them improve their self-esteem. The poster is a visual strategy for stimulating productive discussion of forms of families and roles of family members. You might first ask students to find the photograph which most closely represents their own families in family size or the configuration of family members. Make it clear before you start that you expect many different photographs to be chosen in the class, because in any group of people several different family configurations will be represented. This should help put the students at ease and let them see that each one of them comes from a whole, complete "family." This concept is reinforced by the words "We Are a Family" under each photograph. It is important to get the students talking and sharing their experiences on the basis of understanding that many different family structures are normal and workable.

Before you discuss the following questions as a group, you may want to ask students to jot down some quick answers. This will get them thinking about the questions, which have no exact, fixed answers. The discussion should give your class a sense of the great number of ways families work together to fulfill the needs of their members.

Discussion Questions:

- What is a family?

  Answers to this question will probably revolve around these concepts:

  A family is the people you live with.

  A family is a group of people who take care of each other.

  A family is a group of people who care about each other.

  Sometimes there are people in the family who are not there all the time, but they are still part of the family and feel close to other members. For example, sometimes a grandparent lives alone, but considers himself or herself

to have a family; they feel that their children and grandchildren are part of their family. Or, sometimes a mother or father lives somewhere else but still is considered to be part of one's family.

- What are some of the things that must be done in every family? What are the roles that need to be played? (Select one or two photographs from the poster that do not have both a mother and a father in the family groupings.)

  Answers might deal with the following issues:

- Different people play different roles in different families, and that is fine. There is no one "right" way to get things done. You will want to reinforce the idea that it is important that responsibilities get taken care of--by somebody--for families are a care-giving system in which responsibilities are shared. And they are shared somewhat differently in every family.

  Who earns the money in a family? Who makes dinner? Who makes school lunches? Who sweeps or vacuums the floors? Who takes out the garbage? Who cleans the cellar? Who takes care of the younger children? In each family someone usually performs these functions, but the person may differ from one family to another. For example, in a family where the father has died, perhaps the mother works to earn the money, or perhaps money for family expenses comes from an insurance policy, or Social Security, or from the pooled income of two or more family members.

- How do common interests build family strengths?

  Responses should include the concept that people strengthen relationships by doing things together. It makes us feel closer to someone to share an experience. It may be sharing a hobby, some housework, interest in a sport, a particular problem to be solved. No matter what the "thing" is, doing things together in families strengthens family ties.

- How do interests spread in families?

  Enthusiasm is contagious from one member to another. One family member invites another to participate, or offers to teach another a skill.

- What kinds of things can families do together that promote both health and a sense of closeness in the family--especially things that would not cost a lot of money?

Suggestions:

Taking walks together

Growing things; vegetable gardening if there is outdoor space, windowsill gardening if there is not

Singing together

Jogging

Making a favorite meal at home instead of going to a restaurant

Picnicking

Following a special educational series on television

Dancing together

Making a family scrapbook

Playing ball or frisbee

Teaching or learning a new skill

Going to museums or art galleries; most have a day each week when admission is reduced or free

Going to church or temple and participating in related functions

Meeting for special family events--birthdays, for example

Going to musical events; newspapers or local radio stations often carry notices of free concerts or special musical programs

- Are there favorite family stories that people in your family tell when they get together? If so, are any of the stories about particularly difficult situations (accidents or problems when one member of a family could provide special help to another)? Are any of the family stories about good health practices? For example:

Remember when we always used to sing when we were on the way home from our camping trips? It made us feel so warm and secure and <u>together</u> to go from one familiar song to another without saying anything. I never get in the back seat of a car without thinking about those special times--and it still makes me feel good to think about them.

Remember when we were little and went to the beach, Mother always made us wait an hour after we ate before she would let us go back into the water? She said we would get cramps and drown if we didn't wait. That hour always seemed like such an eternity.

Remember when Dad made us take his own swimming test before he let us go out in the canoe without him as each of us became old enough to want to go out alone? I remember spending one whole winter wondering if I could pass it that coming summer.

Remember when Mother never let us drink soft drinks even when we begged and begged and said everybody else's mother let them drink them, at least once in a while. But she said they weren't good for our teeth, and she never relented, not even once! When she believed something, there was no convincing her otherwise.

2. Preparation for Homework

Introduce students to their ME booklets. Explain that they will fill in forms and add information throughout the module, and the booklet will be a lasting resource that they will be able to add to throughout their lives. Some day their children may use it, too, for specific information on their parents.

Distribute the booklets and ask students to put their names on the cover and fill in the baseline data sheet on page 2. If they do not have all the information they need, have them plan ways they might get it.

Assure students that the booklets will be private. You will not collect them and read them, but you will occasionally have students open them in class so you know that they are being filled in.

ALERT!

The culminating activity of this module is a suggested large-group experience. You may want to be aware of it now, and perhaps even start to do some preliminary planning for the event. See Activity Eight, "A Happy, Healthy Event for the Whole Family," for the particulars.

Activity Two

Promoting My Own Health

Objectives

Cognitive: Students will:

- Learn about the treatments for specific health concerns they might have.
- Learn what health concerns are shared by their classmates.

Affective: Students will be aware that:

- Others share their anxieties about health and health issues.
- The social implications of their concerns are often not as important as they seem.
- There are steps they can take to decrease their anxiety and address their health concerns.

Skills: Students will:

- Practice effective note-taking in small group discussions.
- Practice some future planning in relation to a health concern.

Activity at a Glance

This activity emphasizes adolescent health, so students will become engaged with the idea of their own health before we turn to the health of other family members in other stages of the life cycle. Using a resource booklet, small-group discussion, note-taking in group discussion, and a personal

reflective-writing exercise and health-related "contract with myself" sheet, students will focus on their own health concerns and plans for dealing with them.

Preparation

1. Have available the six copies of Teenage Health Concerns supplied with this module. Duplicate the contents page, one copy per student, so they can see the range of concerns addressed in the booklet. Alternative: Make a transparency of the page and project it.

2. Duplicate the "Health Concerns Note-Taking Sheet" for classroom use, six copies, one for each group of students. (Note that all material to be duplicated for student use in each activity appears on boxed pages at the end of the activity.)

3. Decide whether to play the optional health concerns game. If you decide to use it, duplicate two sets of game questions, one to cut up and distribute and one to use as a reference in the playing of the game. Separate the questions for students along dotted lines, eliminating the answers so that one question only can be given to each student.

4. Make a transparency of the topics students will write about, or write the topics on the board so that they will be able to select one.

5. Locate "A Contract with Myself," page 6, and "My Cumulative X-Ray Record," page 9, in the ME booklet.

Procedure

1. Teenage Health Concerns

This is a consciousness-raising exercise in which students use a resource booklet, Teenage Health Concerns, to become aware of the many health concerns identified by teenagers across the country as well as by medical care providers who were aware of the health issues that cause teenagers to seek medical advice. In this exercise students can look up information on particular topics that may be of some concern

to them. They can also see that they are not alone with a "secret" concern; many other adolescents share their concerns. Announce that the booklets are primarily a classroom resource, because they are limited in number, but they can also be checked out overnight by students who may want to read them more thoroughly.

Divide the class into six groups, each with a copy of Teenage Health Concerns, and ask them to discuss the concerns that seem to be on the minds of their friends around the school. They can select one or more of the suggested topics, have one group member read the information about it from the booklet (the sections are fairly short) and the group can select a note-taker to fill in the "Health Concerns Note-Taking Sheet." The discussion should be guided by the statements on the sheet regarding frequency of the problem in their settings, suggestions for the person who has the problem, and suggestions for how to get the information to those who need it.

After each group has finished, conduct a quick debriefing session in which students can report on each group's activity. If there is not time for this, then you can post the note sheets and ask students to check them on the way in to the next class meeting.

2. Optional: The Health Concerns Game

Prepare the questions for distribution as described in the "Preparation" section.

Divide the class into two teams. Appoint a scorekeeper. (You can do this by asking the students to count off 1,2,1,2, 1,2, etc., so that the groups will be mixed up. Have the students change seats so that one team is clearly on one side of the room and the second team is on the other.

A member of Team 1 will ask his or her question to be answered only by a member of Team 2. Each team gets two chances to answer each question. The scorekeeper will call on students who raise their hands. If the question is answered correctly the first time, the team scores 2 points. If it is missed by the first student and answered correctly by the second, the team scores 1 point. Alternate turns between the teams.

You are the referee in the game, and you decide if an answer is to be considered "correct" if there is a difference of opinion. Refer to your copy of the game questions that includes answers.

3. Homework: Expressing My Thoughts About a Health Issue

Ask each student to write a paragraph or two, between now and the next class session, in answer to one of the following questions, or to select a topic from the last page of the Teenage Health Concerns booklet to write about. This paragraph will be turned in (and graded, if you like). Set your own guidelines about length, mechanics (spelling, punctuation), etc.

Subjects for writing:

- What makes you feel at your physical best?
- What health problems do you worry about most?
- What was the healthiest time in your life?
- Have you ever gone to the doctor and come home feeling annoyed with yourself for not taking better care of your body? What did you do about it?
- If your younger sister or brother asked you about menstruation, what would you say?
- What are some ways to reduce injuries among athletes?
- Why do some people have growing pains? When should they be concerned about them?
- What are some symptoms of depression? What role can others play when someone seems depressed?
- If someone has a sexually transmitted disease, what is the most responsible thing for him or her to do about it?
- Your friend is going on a new diet called the "Potato Skin Plan." How would you help evaluate the plan? How would you determine whether it is safe?
- You occasionally have dandruff. Do you think that advertising makes "too much" of this issue? What should you do about it?
- If you had a friend who had a drug problem, what sources of help could you suggest?
- Or, another health-related concern of your choice.

Students should also fill in the "A Contract with Myself" sheet, page 6, in their ME booklets. Explain to students

that you will not read their contracts but you will spot-check to see that the assignment was done.

To prepare them to make the contract, ask them to think about these issues regarding their health:

- Have you already made some lifestyle choices regarding your health?
- Are you happy with the choices you have made? Why, or why not?
- What criteria are important to you in planning a healthful, satisfying life?
- Is anyone but you involved in or affected by your health decisions? If so, in what way?

Ask students also to fill in the "Cumulative X-Ray Record" sheets in their ME booklets, page 9.

HEALTH CONCERNS GAME

(To be duplicated and cut apart by teacher, eliminating answers on copy to be used by students. Teacher retains one complete copy for reference.)

If people have trouble falling asleep, or getting back to sleep after awakening during the night, it is called _____.

Answer: Insomnia

If you have hurt yourself and are in pain, how can you tell the difference among a strain, or a sprain, or a broken bone?

Answer: You must see a doctor. There is no easy way to distinguish among these things.

What percentage of adolescents have some acne? Is it the same percentage in males and females?

Answer: 90 percent of males - 80 percent of females

What is the name of the withdrawal condition of a physically dependent person who is kept from drinking alcohol?

Answer: Delirium tremens

What can cause butterflies in the stomach, sweating in hands or armpits, quivering of the body, a quavering voice, nausea, or headaches in a person who is not ill?

Answer: Anxiety

Name two symptoms of vision problems.

Answers: Squinting, red eyes, rubbing eyes, eyes turned in, eyes turned out

---

Name the condition in which very thin people starve themselves and suffer from malnutrition because they believe that they are a normal weight or even overweight.

Answer: Anorexia nervosa

What is the currently preferred name for the diseases that used to be called "venereal disease?"

Answer: Sexually transmitted diseases (STD)

Is gonorrhea an exclusively male disease, or can females get it, too?

Answer: Females can get gonorrhea.

What conditions create eye strain?

Answer: Inadequate light; glare

What is the treatment for gonorrhea?

Answer: Antibiotics

For which Sexually Transmitted Disease is there no known cure?

Answer: Herpes simplex

The diagnosis of which Sexually Transmitted Disease is a blood test?

Answer: Syphilis

Drugs like LSD, mescaline, and DMT belong to a group of drugs called _____.

Answer: Hallucinogens

Name two drugs that come under the heading of "narcotics."

Answer: Heroin, opium, morphine, codeine, methadone

At what age should a child be given his or her first eye examination by an eye doctor?

Answer: Between three and four years of age, before they start school.

Athlete's foot is caused by a _____ that thrives in warm, moist areas of the body.

Answer: Fungus

What causes pains in bones during adolescence?

Answer: The new bone forming in segments of bone responsible for growth can pull away from hard bone already formed if a young person exercises vigorously.

In what way do sleeping pills inhibit good, restful sleep?

Answer: They prevent the normal dream patterns, which provide for psychologic release.

Are "growing pains" real or imaginary?

Answer: They are real. They disappear as body growth slows in late adolescence.

What causes dandruff?

Answer: It is a scaling disorder of the scalp. The skin is replacing itself too rapidly, and excess cells are shed from the scalp.

What is the name of an infestation of small mites that cause lesions and severe itching between the fingers, on wrists, elbows, or the external genitals?

Answer: Scabies

What causes discoloring in teeth?

Answer: The buildup of plaque on the teeth, and coffee, tea, cigarettes, and tetracycline taken during childhood.

Loss of appetite, low temperature, sore throat, and enlargement of lymph glands and spleen are physical symptoms of what disease that sometimes affects adolescents?

Answer: Infectious mononucleosis

What are ways of reducing risks of injury when participating in an athletic sport?

Answers: Good conditioning, careful warm-ups, skills practice, wearing proper equipment, and playing by the rules (many of which exist to prevent injury.

What condition may be present if a person sleeps excessively, more than ten hours at a time, quite often?

Answer: Depression, or mononucleosis

Which drug is a potent animal tranquilizer but is taken by people sometimes--and is very dangerous to human beings?

Answer: PCP, or "angel dust"

Which category of drugs depress the central nervous system and cause drowsiness?

Answer: Sedatives and narcotics

To which drug group do "speed," "uppers," amphetamines, and cocaine belong?

Answer: Stimulants

What are some health conditions that cause adolescents social pain?

Answers: Acne, nervousness, overweight

HEALTH CONCERNS NOTE-TAKING SHEET

Our group selected the following topic(s) to discuss:

1. _____
2. _____
3. _____

In our discussion, we determined that in our school and/or community these health problems seem to exist.

1. _____
2. _____
3. _____
4. _____
5. _____

If we knew someone who needed help in each of these problem areas, we could suggest he or she might:

1. _____
_____
2. _____
_____
3. _____
_____
4. _____
_____
5. _____
_____

This is how we might effectively get this information to those who need it: _____
_____
_____

Recorder: _____

Committee Members: _____
_____
_____

Activity Three

Promoting the Health of My Friend

Objectives

Cognitive: Students will:

- Learn what the primary killers of teenagers are.

Affective: Students will be aware that:

- They can take some responsibility in helping a friend toward better health and a sense of well-being.
- Their care can have a positive affect on a friend.
- They learn to care more about themselves by caring for others.

Skills: Students will be able to:

- Analyze what is needed to help a friend act more wisely in behalf of his or her health.
- Plan in a group specific ways of helping someone with a health problem that will take some time to resolve.

Activity at a Glance

Students are encouraged to act on behalf of a friend's health or health problem. They discuss issues brought up in a mini-lecture, and then in small groups devise a plan to help a friend with a health problem. Students then plan to execute a contract with a very good friend that pledges their friend's concern for the student's well-being.

Preparation

1. Familiarize yourself with the mini-lecture.

2. Review the discussion questions based on the mini-lecture.

3. Duplicate the "Health Enhancement Planning Form," one for each group of four students.

4. Locate "A Solemn Contract Between Friends" in the ME booklet, page 7.

Procedure

1. Notes for Mini-Lecture

HEALTH AND RISKS IN ADOLESCENCE

It is often difficult for people to think primarily about themselves, particularly in relation to health, because it can be stressful to talk about what we should or should not be doing in terms of our own health. It is easier to think in terms of promoting or enhancing someone else's health, for then we can think creatively and more freely about the well-being of another. In this lesson, you will be asked to think about ways you could take some responsibility for the health of a friend or a close-in-age sibling.

Taking responsibility for others enhances our own sense of responsibility to ourselves.

In analyzing health problems in adolescence the Surgeon General of the United States said:

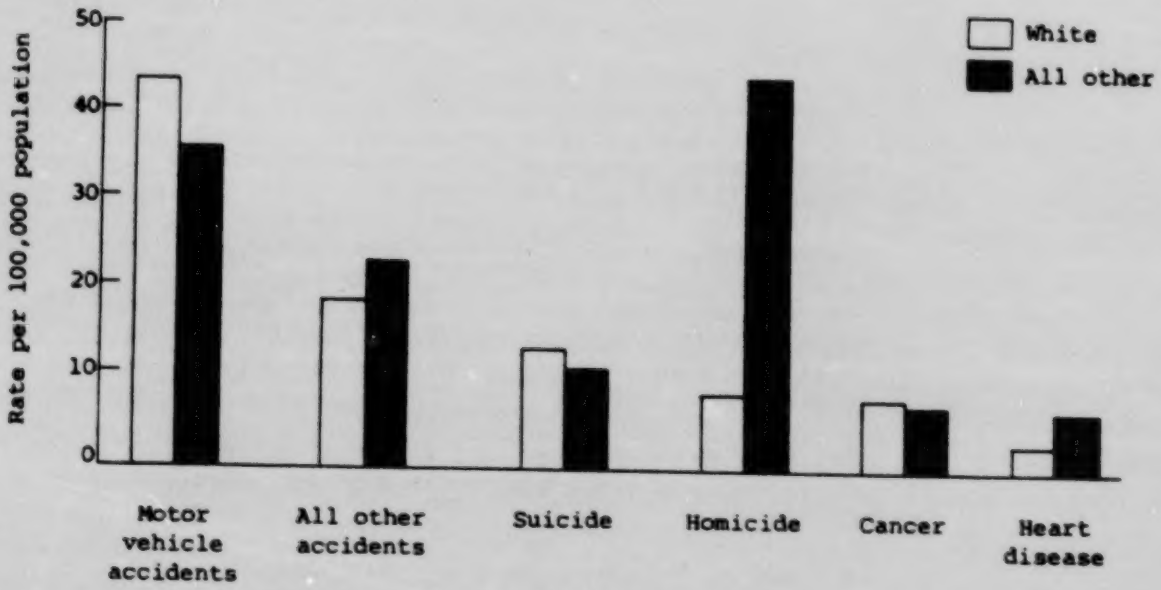
> Adolescence is a period of complex changes--in physical growth and maturation and in transition from childhood dependency to adult autonomy.
>
> In health, it is--relatively--a good period as measured by the usual morbidity and mortality indicators. Although the death rate for the 40 million young Americans in the 15 to 24 year age group is 2.5 times the rate for children, it is substantially below that for other age groups.

Yet, while health for this age group, as for others, is considerably better than 75 years ago, there is one startling difference for adolescents and young adults, recent progress has not been sustained, as it has been for other age groups.

Americans aged 15 to 24 now have a higher death rate than 20 years ago.*

Major Causes of Death for Ages 15-24 Years:

United States, 1976**



Source: Based on data from the National Center for Health Statistics, Division of Vital Statistics.

*Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (Washington, D.C.: Department of Health, Education, and Welfare. Public Health Service. Publication No. 79-55017, 1979), p. 43.

**Healthy People, p. 45.

In 1976, there were 117 deaths per 100,000 teenagers in the country. The major cause of death was motor vehicle accidents. (A large percentage of motor vehicle accidents involve a driver who has been drinking.) Other accidents, homicide, suicide, cancer, and heart disease are also among the leading causes.

Young men are at particular risk. Their death rate is almost three times as high as that of young women. Accidents, homicides, and suicides account for about three-quarters of the deaths of the young men in this age group.

The Surgeon General said that he believed that aggressive behavior, errors in judgment, and ambivalence about wanting to live or die (in response to the many pressures of adolescence) may account for these statistics. We know that adolescents are in a major risk-taking period of their lives.

The Surgeon General further observed that:

> Broad physical, psychological, social, and family changes all have a powerful impact on young people.
>
> Young people are compelled to adjust not only to rapid individual changes, but simultaneously to meet the expectations of both family and community. The strains which result can have considerable bearing on the problems of adolescents and young adults.
>
> Stress is to be expected in life. But for some adolescents and young adults, it can become overwhelming.
>
> At critical junctures, they urgently need assistance in finding ways to cope and make important decisions and constructure adjustments. Such assistance can contribute greatly to improving both their health and the quality and value of their lives.*

*Healthy People, pp. 51-52.

Discussion Questions:

- There is no definitive answer to this issue, but, based on research, what do you think accounts for the greater number of deaths among young men in this age group judging from the behavior of your male and female friends?

- Do you think that the Surgeon General is correct in feeling that some young people are "ambivalent" about wanting to live? Why might adolescents feel this way?

- Who or what could help a person who felt this way?

2. Health Enhancement Planning

Pose these questions to students: How could you help a friend maintain a healthy health practice? How could you discourage a friend from driving after drinking, or from smoking, or from using drugs? How could you help a friend develop an exercise program, a diet to lose weight, or a diet to gain weight, or do something to make him or her feel less depressed?

Divide the class into groups of four. Mix the groups with males and females, if possible, and separate close friends. Ask each group to choose one of the above health-related problems, or another of their own choosing (checking it out with you) and design a strategy for helping a fictitious person in a step-by-step manner. They can record their plan on the "Health Enhancement Planning Form" you have distributed to each group.

3. Optional Activity: Drive-a-Teen

The town of Chapel Hill, North Carolina, was heartsick because in the space of a few weeks several teenagers were killed. Parents lost children; teenagers lost friends; schools lost valued students in their programs; the whole town grieved. This is all too common an occurrence all across the country, because automobile accidents are a leading cause of death among teenagers. But Chapel Hill decided to do something about it. Parents and teenagers got together and established a "Drive-a-Teen program. Parents sign up and are assigned to dates by a central committee. Each driver agrees to be available all night long on a certain date, and to pick up a teenager anywhere, and delivery him or her to the front of his or her house, no questions asked. The objective of the plan is to get teenagers home safely--no matter what they have been doing, or where, or with whom, or in what condition. The adult

just is someone who cares that no more damage is done to the young person or to anyone else he or she might become involved with. The teenager can talk to the driver, or not, as he or she chooses. The driver reports to no one.

Students planned fund-raising events to pay for a hot line. Churches made contributions to the hot-line fund. Parents take turns on the hot line, and promise confidentiality. The hot line is located in one of the churches in the town. Everyone is sworn to confidentiality, and it seems to be working.

Is something like this needed in your town? Can you plan a drive-a-teen-like activity for your town or your high school?

4. Homework and Follow-up

Direct students to "A Solemn Contract Between Friends" in the ME booklet, page 7. Ask each student to have a friend fill it out for him or her and then place it in their own ME booklets. Check later to see that they have done it but do not read the contracts.

HEALTH ENHANCEMENT PLANNING FORM

The subject of this health enhancement plan is: _____
(choose a fictitious name)

His or her health-related problem is _____

_____
(choose a common adolescent health problem)

Make up a situation involving the health problem and jot down the highlights of the story:

_____

_____

_____

Reasons that our friend might give for NOT wanting to do anything about this problem: _____

_____

These are some things that our friend has going for him or her or that he or she might use in addressing this problem: _____

_____

_____

These are some things working against our friend's making a healthy choice

_____

_____

_____

Here's how the plan will work:

First, to get around our friend's reluctance to take action, we might:

_____

_____

Then, we might _____

_____

_____

Finally, _____

_____

_____

How long will this plan take? _____

Activity Four

Good Health Begins Before Conception

Objectives

Cognitive: Students will:

- Learn that good health for a baby begins with the parents' health before conception of their baby.
- Learn that prenatal behaviors of the parents in regard to what they ingest, smoke, or breathe can have an effect on the health and well-being of the fetus.

Affective: Students will be aware that:

- They will bear a responsibility for the health and well-being of any children they may bring into the world in the future.
- Their behaviors can affect the health behaviors of others.

Skills: Students will:

- Accurately record information.

Activity at a Glance

Students will learn that the health of a woman before and at conception is important to the well-being of her baby-to-be. Males learn that they must encourage pregnant women to take positive health steps toward the development of a healthy fetus (good nutrition, and avoidance of alcohol, drugs, and smoking during the pregnancy). Students also are made aware of the environmental impacts on pregnant women. Students

plan for their family's future health and add data to their ME booklets on their own health history.

Preparation

1. Read through the introductory material and decide how you will present it.

2. Duplicate, one for each student, "Factors That Affect Infant Health" and "Environmental Impacts on Pregnant Women."

3. Familiarize yourself with the sample answer sheet for the "Toward a Healthy Future Family." The chart appears on page 17 in the ME booklet.

4. Locate "My Birth Record" in the ME booklet, page 3.

5. If you would like to do more in-depth work on issues of prenatal health for mothers and children, you will want to see the following programs:

Starting a Healthy Family, Education Development Center, Inc., 1978. Available from the March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605.

Zeyen, Dorothy, Healthy Mothers, Healthy Babies, Association for Supervision and Curriculum Development, 1981. Also available from the March of Dimes Birth Defects Foundation.

Procedure

1. **Good Health Begins Before Conception**

Introduce this activity to students with the following information, presented in any way you choose. This sets the stage for a discussion session based on more detailed information on preconception and prenatal health care derived from material duplicated for students.

Many things can have an effect on a fetus from the moment of its conception, and even before that time. The health of the mother at the time of conception, her nutritional status, and--researchers now think--the health of the father as transmitted through his sperm can effect fetal health. (The

March of Dimes Birth Defects Foundation has cited that research is underway that is examining the deleterious effects that drug usage has on sperm.) Therefore, a woman must be concerned about her health before conceiving a child.

During the first seven weeks after conception, that is, for a time before a mother even realizes that she is pregnant, every part of the fetus that will be formed, all organs and body parts, have come into being. From that time on each part only continues to grow and mature, but those first seven weeks are critical ones in the child's health. Some ingested and absorbed materials cross the placenta and others do not, depending on such factors as molecule size. (Of course, there are things that affect the fetus that cannot be controlled: the genetic package that the baby inherits.) Research is finding out increasingly that what the mother eats, smokes, drinks, and breathes can have an effect on the fetus growing within her. It is very important, then, for a woman to know about and be careful about those things if she might be pregnant, and it is equally important for the father-to-be to encourage the pregnant woman to pay careful attention to her health-related behaviors throughout the pregnancy. Of course, it is not inevitable that all students will have children. Nevertheless, it is not too early for them to think of their health habits as having an impact on the children they may have one day.

2. Factors That Affect Infant Health

Distribute the two fact sheets, and give students a few minutes to read them carefully. Following are some discussion questions that you will want to focus on, because they have to do with behavioral issues. It is important that the males in your class do not see this as an exclusively female issue. Fathers-to-be can help protect their children in the prenatal period by encouraging the mother to protect her baby's health. This is one way males can begin to build toward healthy and positive family interactional patterns.

Discussion Questions:

- When does good health begin in a person's life?
- What role can fathers play in the prenatal health of their children?
- How might a father send positive health messages to the mother-to-be in a way that would really work?

- What are some substances that are found in the home that can be harmful to pregnant women?
- If a pregnant woman is working outside the home, what are some potential harmful substances in the workplace that she should avoid? How might she best communicate her concern to the management of her work situation?
- If a pregnant woman has a cough, what harmful substances should she be aware of?
- What products are organic solvents likely to be found in or around the home? Why might pregnant women be using paint strippers? (refinishing furniture for the new baby--cribs, high chairs, redecorating rooms, etc.)
- In what ways should pregnant women be protected from x-rays? Why might x-rays do harm to the body? Can anyone explain the science behind it?

On the board, have the class brainstorm lists of Do's and Don't's for the period before conception:

Do	Don't

Brainstorm a similar list of Do's and Don't's for the prenatal period to insure the health of the fetus:

Do	Don't

3. Toward a Healthy Future Family

Refer students to "Toward a Healthy Future Family," page 17 in the ME booklet. Have them choose partners and, using the fact sheet distributed for the preceding discussion, select a potential danger area and develop plans to deal with the danger for two imaginary friends, one male and one female. It is important that the situations and plans be seen as hypothetical, so students retain their own privacy and feel free to discuss a wide range of dangers. Select a few plans at random to discuss with the class as a whole, asking for additional suggestions for dealing with the dangers cited. The sample below gives you an idea of how one pair of students might deal with the issue of smoking.

SAMPLE: TOWARD A HEALTHY FUTURE FAMILY

Female Example

Possible danger areas: Things I do now that could affect a family I might have in the future, and what I can do about them.

I smoke occasionally (cigarettes)

GOAL: To not smoke at all when I am ready to have a family		
PLAN:		
Immediately, I can: Monitor my smoking habits--realize when I do and try to figure out why I do it.	In the next two years I can: Stop	Then, I can: Be ready for a good pregnancy without fear when the right time comes.

Male Example

Possible danger areas: Things I do now that could affect a family I might have in the future, and what I can do about them.

I smoke cigarettes

GOAL: To not smoke when I am ready to have a family		
PLAN:		
Immediately, I can: Monitor my smoking habits--realize when I do and try to figure out why I do it.	In the next two years I can: Stop altogether	Then, I can: Be able to encourage my wife not to smoke so the baby's health will not be impaired

4. Homework: The Past and the Future

After the discussion, students will be prepared to fill in their own "Toward a Healthy Future Family" pages in their ME booklets (page 17) privately as homework.

This is also a good time for them to collect information for their own birth records. "My Birth Record" appears on page 3 of the ME booklet.

FACTORS THAT AFFECT INFANT HEALTH

Before Conception

Young people who are potential parents should be aware that there are several factors that they control now that might affect the health of a child they may have sometime in the future.

- Good nutrition is important for healthy body growth during adolescence and continuing good health through life. Eat lots of fresh fruits and vegetables, limit salt, sugar, and fat intake. Don't make a radical change in your diet suddenly. Don't take vitamins without a doctor's advice. Make good nutrition a habit. The effects of poor nutrition can be long-lasting.

- Avoid developing habits of substance use that might continue into pregnancy. Smoking and alcohol and other drugs are known to be harmful, often seriously so, to the developing fetus.

- Current research is indicating that drug use in males is as important as in females because drugs affect the sperm and thus fetal health.

- Avoid unnecessary x-rays, and keep a record of the ones that are necessary. Be sure your dentist uses a lead shield over the lower body when x-raying your teeth.

During Pregnancy

Health during pregnancy is a responsibility of both parents. Although the following information applies more directly to women, a father-to-be plays an important role in encouraging and supporting good health practices in the mother-to-be.

Proper nutrition in pregnancy is essential to infant health. Babies of undernourished or poorly nourished mothers tend to be small and slow to grow.

- Pregnant women need more food to support a steady weight gain of 20 to 30 pounds before the baby is born. Pregnant women need extra protein and calcium, more iron and folic acid than before they were pregnant. They should drink more fluid, but should cut down on beverages that contain caffeine--coffee, tea, and soft drinks.

- Some vitamins are harmful in excessive amounts. Pregnant women should take vitamins only as prescribed by a doctor or health clinic.

- A healthy diet during pregnancy includes a quart of milk a day (or yogurt, cottage cheese), two eggs a day, two servings of leafy green vegetables a day, two or three slices of whole-wheat bread, and two servings of lean meat, fish, chicken, cheese, dried beans, or peas a day. In addition, pregnant women should eat some citrus fruits or juice, some whole grain cereals, some liver each week, baked potatoes, butter or margarine.

Cigarette smoking has been proven to be harmful to a developing fetus. Babies born to mothers who smoke often are underweight and therefore get a poor start in life. They are more likely than others to die in the first month of life.

- The poisonous gas carbon monoxide interferes with the amount of oxygen that gets to body cells. Fetal blood absorbs a large amount of carbon monoxide, thus depriving the fetus of oxygen vital to growth and development.

- The nicotine in cigarettes can make the blood vessels between the mother and the fetus narrow, restricting blood supply and further reducing oxygen flow.

Drug-taking in pregnancy can be extremely dangerous. Virtually all drugs taken by the mother can reach the bloodstream of the fetus. A large percentage of the drugs currently on the market have not been tested for safety during pregnancy.

- Pregnant women should avoid all drugs not prescribed by their doctor or clinic, even aspirin and other normally safe over-the-counter medications.

- All prospective parents should be aware that their use of so-called "hard" drugs can seriously damage their unborn children. Current research is showing a link between some drugs and such serious effects as brain damage or chromosomal changes. Effects of other drugs are not yet known. Between half and three-quarters of the babies born to women who are drug addicts are themselves addicted and show withdrawal symptoms, which, if not treated properly, can be fatal.

Alcohol use is also risky, as current research is demonstrating, especially in the first three months of pregnancy. It is not yet known what quantity of alochol is safe, so experts advise pregnant women to drink very little or not at all.

- Women who drink heavily during pregnancy run a high risk of having a baby with fetal alcohol syndrome (FAS). These babies can display mental and growth retardation, abnormal facial features, and heart defects.

- Moderate drinkers have a 10 percent chance of having a child with some of the symptoms of FAS.

ENVIRONMENTAL IMPACTS ON PREGNANT WOMEN

Substance	Where Used or Found	Possible Harmful Effects on Mother or Baby
Lead (Metallic; Compounds; Tetraethyl)	Pipes, tanks, roofing, paints, varnishes, pesticides, gasoline.	Stillbirths, possibly hyperactivity.
Vinyl Chloride (Polyvinyl chloride, PVC)	Plastic products; some fabrics.	Fetal deaths; may kill male sperm.
Organic Solvents (Benzene, Genzene)	Synthetic soap powders, grease removers, paint strippers, rubber cement, dry cleaning.	Acts on nervous system, causing dizziness, headache, and nausea. Has been linked to leukemia.
Estrogens (Hormones)	Birth control pills, pills to relieve menopausal symptoms.	Hyperactive male infants; masculinized female infants.
DES	"Morning after" contraceptive; cattle and chicken fattener; previously used to prevent miscarriages.	Cancer in both mother and unborn child.
Radiation	X-rays, nuclear accidents.	Small heads, mental retardation, limb deformities, other.
Pesticides (DDT; Kepone; Chlordane; Dibromochloropropane)	Found in common insect and pest-killing substances.	Blood diseases; childhood tumors; may cause male sterility.
Mercury (Compounds)	Thermometers, dental fillings, neon lights, mirror coating, various drugs, dyes, explosives, inks, fingerprint powder.	Severe malformities and retardation.
Asbestos	Synthetic tiles, home insulation.	May cause lung malignancies.
Iodides (Salts; Compounds)	Cough mixtures, asthma drugs, x-rays.	Enlarged throid; absence of thyroid in baby.

This information was compiled from the following sources: "Occupational Health Problems of Pregnant Women," by Vilma Hunt, A Report and Recommendations for the Office of the Secretary, Department of Health, Education and Welfare, April 30, 1975, #SA 530475; "Working for Your Life: A Woman's Guide to Job Health Hazards," by Andrea Hricko with Melanie Brunt, Labor Occupational Health Program and Public Citizen's Health Research Group, 1976; Occupational Health and Safety Symposia, Department of Health, Education and Welfare Public Health Service, HEW Publication Number (NIOSH) 76-136.

Activity Five

Protecting Children in Families

Objectives

Cognitive: Students will:

- Learn that accidents are a leading cause of death of small children.
- Learn that safety measures must be taken in the home and in automobiles to protect children.
- Learn that immunizations are necessary for protection from disease.

Affective: Students will be aware that:

- The primary caregiver needs a support system of others to assist in raising a child.
- Protecting children takes continual awareness of hazards and threats to their safety.

Skills: Students will be able to:

- Find and record essential health data accurately.
- Do a safety check on their homes (optional).

Activity at a Glance

Students learn about the vigilance that is necessary to protect young children from fatal and non-fatal accidents. They consider the pediatric health maintenance program that is

recommended to prevent childhood diseases through immunization and regular checkups. They do an exercise which helps them to plan for the responsible care of children, and complete their own immunization records for their ME booklets.

Preparation

1. Duplicate "Accidents to Children" and "A Timely Table on Accident Prevention," one for each student; and "Pediatric-Preventive Health Maintenance Program" and "Needs of Young Children," one for each group of three or four students.

2. Locate "My Childhood Illnesses/My Childhood Accidents and Injuries" and "My Immunizations," pages 4 and 5 in the ME booklet.

Procedure

1. Children's Accidents

Distribute the "Accidents to Children" and the "A Timely Table on Accident Prevention" to students. After they have used them during this class period, they should add them to their ME notebooks under their future family section. You can also encourage them to share these sheets with anyone they know that has young children. Often young parents are not aware of all this information, and would be grateful to have a clear presentation of it.

2. Meeting the Needs of Young Children

Divide the class into small groups of three or four to a group. Pass out "Pediatric-Preventive Health Maintenance Program" and "Needs of Young Children" to each group. Using the handout sheets for information, each group should complete the form and turn it in to you at the end of the class period.

3. Developing Guidelines for Baby Sitters

After the groups have completed their charts, you can ask the class to generate a list of guidelines that baby sitters need to be aware of on the basis of the "Needs" sheets they have just done. The list can be phrased as a series of basic

recommendations that could be direct and simple enough for all baby sitters to remember. You can write the list on the board as it is being generated by the class.

ALERT!

Because much of the care for young children in this country is provided for by school-age baby sitters, you may want to include a program in your health curriculum that was developed specifically to train baby sitters in the care and protection of young children.

The program, entitled Baby Sitting, was developed by the American Red Cross for use primarily with 11- to 14-year olds but can be adapted to other ages. It consists of eight units of 60 to 90 minutes each. The materials are designed for easy use by teachers, youth group leaders, or other community leaders in working with would-be baby sitters. The units cover (1) planning for a baby sitting job, (2) knowing what to expect of children, (3) selecting toys and games, (4) supervising children, (5) preventing accidents, (6) giving first aid, (7) caring for infants, and (8) feeding children. Contact your local chapter of the American Red Cross for program materials.

4. Homework: Developing Personal Illness, Accident, and Immunization Records

Refer students to "My Childhood Illnesses/My Childhood Accidents and Injuries" and "My Immunizations" in the ME booklet, pages 4 and 5. Ask students to complete them in consultation with their families. (You can do a spot check to see that they have done it at the next class meeting.)

Have students check their immunization records against the "Pediatric-Preventive Health Maintenance Program" chart to see whether they should be having any of the suggested checkups. They might want to arrange with their parents to have checkups at the appropriate time through their doctor or clinic. Some health insurance plans now cover the expenses for checkups and booster shots of this preventive nature.

5. Optional Activity: A Home Safety Check

Divide the class into small groups. Ask the students to prepare a safety check list for their own homes or for the homes of children where they baby sit to insure the safety of children. They can develop items under the general headings of:

Nursery Safety

Toy Safety

Outdoor Safety

Transportation

Poison Prevention

General Safety

Each safety check list can have a simple "yes" and a "no" column to be checked, as in the following example:

	YES	NO
• Is the family car equipped with a child car seat with a secure safety belt if there are infants under 40 pounds in the family?	___	___
• Are there barriers at stairs for children under three?	___	___
• Do bathtubs have rubber mats or adhesive strips to prevent slipping?	___	___

After the students have generated their lists in small groups, you can ask two or three volunteers to create a master list working off the ones each small group has done. This master list can be duplicated and distributed. You can suggest that students call it to the attention of their families if there are small children in their homes, or they can give it to the parents of children they baby sit for.

For students who are especially interested in these safety checks, you might suggest that they order the following free materials:

Child Safety
U.S. Consumer Product Safety Commission
Washington, DC 20207

Making a Home Safe Is Child's Play
A Home Safety List
Massachusetts Office for Children in Cooperation with
U.S. Consumer Product Safety Commission
120 Boylston Street
Boston, MA 02116

ACCIDENTS TO CHILDREN*

At home, ordinary events and troubles in family life set the stage for most children's accidents. Prolonged or unusual stress increases the likelihood of an accident occurring.

Accidents occur:

- When a child is hungry or tired.
- When a hazard (for instance a sharp knife, a bottle of pills, or a busy street) is too accessible or too attractive to resist ("candy aspirin," attractive poisons).
- When the child is considered to be a more than normally active child.
- When there is no safe place to play.
- When the parents lack understanding of what to expect at particular stages of child development.
- When a parent is ill.
- When the child is in the care of someone unfamiliar with him or her or with his or her routine.
- When the relationship between parents is tense.
- When other family members are ill or for other reasons are the center of the parents' attention.
- When a child's surroundings change (often at moving or vacation time).
- When the family is rushed.
- Most motor vehicle deaths occur when young children are pedestrians run over or struck in streets and driveways.
- Fire claims children's lives when they are trapped in homes or other buildings, often where they have been left unattended.
- Drownings generally do not occur at beaches and pools so much as close to home--in ponds, wells, streams, reservoirs, wading pools, cisterns.
- Poisoning claims about 300 children between the ages of 1 and 2 per year.

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*Information based on New York Times Encyclopedia Almanac, 1970.

Age	Accidents That Cause Death		Non-Fatal Accidents
	Major Cause of Death	Most Frequent Other Causes of Death	
0-1	Suffocation and choking	Motor vehicles, fires and falls	Cuts
1-4	Motor vehicles	Fire, Drowning Poisoning	Cuts
5-9	Motor vehicles	Drownings Fire and Explosions	Fractures and Sprains
9-14	Motor vehicles	Drownings Firearms	Fractures and Sprains

From Under Stress; Keeping Children Safe, Exploring Childhood/Family and Society (Newton, MA: Education Development Center, Inc., 1974), pp. 16-17.

A TIMELY TABLE ON ACCIDENT PREVENTION

Characteristics	Accident Hazards	Measures for Prevention
0-4 months Eats, sleeps, cries. Rolls off flat surfaces. Wriggles	Traffic	Always use a car seat with 5 point restraints that is fastened to the car frame via seat belt or strap bolted into the frame even for a short distance. Most accidents occur within a few miles of home. Car seats should be used until a child is big enough to use a seat belt.
	Bath-scalding	Check bath water with elbow. Keep one hand on baby.
	Falls	Never turn back on baby who is on table or bed.
	Toys	Select toys that are too large to swallow, too tough to break with no sharp points or edge.
	Sharp objects	Keep pins and other sharp objects out of baby's reach.
	Smothering	Filmy plastics, harnesses, zippered bags and pillows can smother or strangle. A firm mattress and loose covering for baby are safest.
4-12 months Grasps and moves more. Puts objects in his mouth.	Play areas	Keep baby in a safe place near attendant. The floor, full-sized bed, and yard are unsafe without supervision.
	Bath	Check temperature of bath water with elbow. Keep baby out of reach of faucet. Don't leave him alone in bath for any reason.
	Toys, Small objects	Keep buttons, beads, and other small objects from baby's reach.
	Falls	Don't turn your back on him when he is on an elevated surface.
	Burns	Place guards around registers and floor furnaces. Keep hot liquids, hot foods, and electric cords on irons, toasters and coffee pots out of baby's reach.
	Electrical shock	Be watchful of child around electrical cords and outlets (use outlet covers for empty sockets). Be on the lookout for damaged cords; they should be replaced.

Characteristics	Accident Hazards	Measures for Prevention
1-2 years Investigates, climbs, opens doors and drawers; takes things apart; likes to play.	Gates, windows, doors	Keep doors leading to stairways, driveways and storage areas securely fastened. Put gates on stairways and porches. Keep screens locked or nailed.
	Play areas	Fence the play yard. Provide sturdy toys with no small removable parts and of unbreakable material.
	Water	Never leave child alone in tub, wading pool, or around open or frozen water.
	Poisons	Store all medicines and poisons in locked cabinet. Store cosmetics and household products, especially caustics, out of reach of child.
	Burns	Provide guards for wall heaters, registers and floor furnaces. Never leave children alone in the house. Close supervision is needed to protect child from accidents.
	Electrical shock	Be watchful of child around electrical cords and outlets.
2-3 years Fascinated by fire. Moves about constantly. Tries to do things alone. Imitates. Runs and is lightning fast. Is impatient with restraint.	Traffic	Keep child away from street and driveway with strong fence and firm discipline.
	Water	Even shallow wading pools are unsafe unless carefully supervised.
	Toys	Large sturdy toys without sharp edges or small removable parts are safest.
	Burns	Keep matches and cigarette lighters out of reach of children. Teach children the danger of open flames. Never leave children alone in the house.
	Dangerous objects	Lock up medicine and household and garden poisons. Store dangerous tools, firearms and garden equipment in a safe place out of reach of children.
	Playmates	Accidents are more frequent when playmates are older--the 2-year-old may be easily hurt by bats, hard balls, bicycles and rough play.
	Electrical shock	Be watchful of child around electrical cords and outlets. Caution children about playing near power lines, about what to do and what not to do about live wires.

Characteristics	Accident Hazards	Measures for Prevention
3-6 years Explores the neighborhood, climbs, rides tricycles. Likes and plays rough games. Frequently out of sight of adults.	Tools and equipment	Store in a safe place, out of reach and locked.
	Poisons and burns	Keep medicines and household products matches locked up.
		Safety knobs are available for burner controls on stove. Be sure pot handles are out of child's reach.
	Falls and injuries	Check the play area for attractive hazards such as old refrigerators, deep holes, trash heaps, construction and rickety buildings.
	Drowning	Teach the danger of water and start swimming instruction.
	Traffic	Teach rules and dangers of traffic, instant obedience in traffic.
	Electrical shock	Be watchful of child around electrical cords and outlets.
6-12 years Away from home many hours a week. Participates in active sports, is part of a group and will "try anything once." In traffic on foot and bicycle. Teaching must gradually replace supervision.	Traffic	Drive safely as an example. Use safety belts. Teach pedestrian and bicycle safety rules. Don't allow play in the streets or alleys.
	Firearms	Store safely, handle carefully, teach proper use.
	Sports	Provide instruction, safe space and equipment, supervision of any competition.
	Drowning	Teach swimming and boating safety.

Adapted from Under Stress; Keeping Children Safe, Exploring Childhood/ Family and Society (Newton, MA: Education Development Center, Inc., 1974), pp. 18-19.

PEDIATRIC-PREVENTIVE HEALTH MAINTENANCE PROGRAM*

Procedure	AGE												
	1-2 Mos	3-4 Mos	5-6 Mos	8-9 Mos	11-12 Mos	15 Mos	1½ Yrs	2 Yrs	3-4 Yrs	5-7 Yrs	8-10 Yrs	13-14 Yrs	18 Yrs
Comprehensive Physical and History	X												X
Interval Physical and History		X	X	X	X	X	X	X	X	X	X	X	
Diptheria Immunization	X	X	X				X			X			
Pertussis Immunization (whooping cough)	X	X	X				X			X			
Tetanus Immunization**	X	X	X				X			X		X	
Trivalent Oral Polio Vaccine	X	X	X				X			X			
Measles, Mumps, Rubella						X							
Hematocrit (anemia)				X					X		X	X	
Tine Test (tuberculosis)				X					X			X	
Urinalysis								X			X	X	
Urine Culture (girls)									X		X		

*Recommended by Blue Cross Plans of Pennsylvania and Pennsylvania Blue Shield.

**Tetanus boosters are recommended every ten years.

NEEDS OF YOUNG CHILDREN

Parents of young children have some surprises in store. Time, cost, and the help of many other people in addition to the primary caregiver are all a part of raising children safely. Think of occasions when some unexpected, or even expected, event means added time or costs, or the need for assistance. Remember that young children are dependent on their caretakers for nearly all their needs. What "surprises" can you think of that come up for many parents of young children?

	Activities that take time to complete	Activities that cost money	Activities in which a parent needs help	Who can help?
Activities for Disease Prevention	1.	1.	1.	
	2.	2.	2.	
	3.	3.	3.	
	4.	4.	4.	
	5.	5.	5.	
	6.	6.	6.	
	7.	7.	7.	
	8.	8.	8.	
	9.	9.	9.	
	10.	10.	10.	
Activities for Accident Prevention	1.	1.	1.	
	2.	2.	2.	
	3.	3.	3.	
	4.	4.	4.	
	5.	5.	5.	
	6.	6.	6.	
	7.	7.	7.	
	8.	8.	8.	
	9.	9.	9.	
	10.	10.	10.	

Activity Six

Promoting the Health of Parents

Objectives

Cognitive: Students will:

- Learn that most midlife Americans are healthy.
- Learn that when midlife people do die, they most frequently do so of heart disease, cancer, and stroke.
- Learn the specific health-enhancing practices that people in midlife can institute to maintain their health.
- Learn that what they do now affects their health during their later years.

Affective: Students will be aware that:

- They need not be excessively anxious about their parents' health for most people at midlife survive.
- They can contribute to health-enhancing behaviors on their parents' part that make the parents feel better and make themselves feel better because they have helped.

Skills:

- Students will interview their parents about health histories.

Activity at a Glance

Students learn about the specific health problems that face people in their middle years, people generally the age of

their parents. They have an opportunity to discuss strategies for helping people their parents' age change health habits, strategies they might use to encourage their parents toward better health practices. They begin to do some health planning for their own middle years, and through this activity build an awareness of starting good health habits now.

Preparation

1. Review notes for the mini-lecture.

2. Duplicate, one copy each for use of discussion groups (or more if students are interested in taking them home), "Heart Disease," "Cancer," "Strokes," "Exercise and Fitness," "Weight Problems," and "Emotional Health."

3. Duplicate "What Promotes Health?," one for each student to take home and share with other family members.

4. Locate "Health Plan for My Middle Years," page 8, and "Mother's Health Profile" and "Father's Health Profile," pages 11 and 12, in the ME booklet.

Procedure

1. Notes for a Mini-Lecture

STAYING HEALTHY

For the most part, Americans at midlife are healthy. Nevertheless, from infancy to old age, staying healthy is an ever-changing task. The diseases that affect young children are not, for the most part, major problems for adolescents. From adolescence through early adulthood, accidents and violence take the largest toll. And these are superseded a few decades later by chronic illness-heart disease, strokes, and cancer.

In one respect, this age orientation is misleading. Although heart disease, strokes, and cancer are commonly regarded as adult health problems, their roots--and, indeed the roots of many adult chronic diseases--may be found in early life. Early eating patterns, exercise

BEST COPY AVAILABLE

habits, and exposure to cancer-causing substances can affect the likelihood of developing disease many years later. Some studies have found blood pressure and blood levels of cholesterol in many American children at much higher levels than are found in children in other countries where there are different eating and exercise habits. The presence of two such potent risk factors for heart disease and stroke at early ages points to the need to regard health promotion and disease prevention as lifelong concerns.

Even if poor habits of nutrition and exercise were established in childhood, often only modest lifestyle changes are needed to substantially reduce risk for several diseases during the middle years. Many of the personal decisions required to reduce risk for one disease can reduce it for others. To enhance the prospect of good health, adults should be encouraged to:

- Eliminate cigarette smoking.
- Reduce alcohol misuse.
- Make dietary changes to reduce intake of excess calories, fat, salt, and sugar.
- Exercise moderately.
- Have periodic screening (at intervals determined by age and sex) for major disorders such as high blood pressure and certain cancers.
- Adhere to speed laws and use seat belts.

These may seem too simple and basic to have any real effect on health, but the Surgeon General of the United States in his report on Healthy People identified these as the most important factors in preventive medicine. If people at midlife follow these recommendations they will appreciably enhance their health. (You may want to put the list of recommendations on the board for emphasis.)

2. Changing Health Habits at Midlife

In several research studies, high school students have expressed concern about their parents' health. They are particularly worried about obesity, heart disease, heart attacks, smoking, drinking, lack of exercise, and cancer. They also worry about diseases that have appeared in their

families before. Some students also worry about their parents' anxiety and depression.

Divide the class into six groups: "Heart Disease," "Cancer," "Strokes," "Exercise and Fitness," "Weight Problems," and "Emotional Health." Ask each student to join the group he or she has a particular interest in discussing. Give each group the appropriate fact sheet.

Ask each group to read through its fact sheet and then discuss the following questions:

- What makes it difficult for people at midlife to change their health behaviors?
- What would be some effective ways to convince a person at midlife that he or she could and should change one or more of their health habits?
- How do you bring up sensitive subjects regarding health issues with members of your family without hurting their feelings?

After the groups have completed their discussions, bring the class back together and have students pool their effective strategies. Put them on the board.

3. Homework

Distribute "What Promotes Health?" and ask students to take them home and share them with their parents.

Ask the students to fill in "Health Plan for My Middle Years," page 8 in their ME booklets.

Ask students to complete as much as possible of "Mother's Health Profile" and "Father's Health Profile," pages 11 and 12 in their ME booklets. Explain that if this information is difficult to get for some reason, they can omit it; if their parents are sensitive to having it written down, they should definitely respect their wishes and omit it. Remind them, though, that if the information is available, it might be helpful for them at some later time to know about health problems in their families so that they can take the appropriate measures to protect their own health.

4. Optional Activity: Establishing a Home Communication Center

In this busy world, someone needs to keep an eye on the comings and goings in families. Someone should keep track

of activities from the point of view of health to determine if family members are being too busy or too inactive for their own good. You could set up a system of communication for fitness in your family. Establish a Communication Center--a bulletin board located in a strategic place where all family members will see it and have access to it. This board can provide a "For Your Information" section: articles, information, reminders about health, schedules, checkups, sports, special rates at the "Y" or a local gym. It could also have a "Want To Go..." section for trying new things. Has your brother ever been to an aerobics class? Offer to take him along for the next class. Does your mother ever walk to the store rather than drive? Offer to go along for the walk next time. There should also be a place for noting a job well done! "Congratulations for... walking instead of driving."

HEART DISEASE

Heart disease is the most common cause of death in this country. Nearly everyone knows people who have had heart attacks, suffer from hypertension (high blood pressure), or have other types of heart problems that require medical treatment, hospital stays, or restriction of activity. Some people may have heart disease and not know it. But others may notice symptoms that could mean heart disease: fatigue, shortness of breath, or a general feeling of discomfort.

Hypertension is a condition in which blood pressure is higher than it should be, usually because the small arteries in the body are constantly constricted and the heart has to work harder to pump blood through the body. Hypertension is believed to contribute to heart disease. A blood pressure reading of 120/80 (systolic/diastolic pressure) is fairly normal for an adult between the ages of 18 and 45, although there is some variation. Often a person cannot tell if he or she has high blood pressure, but it can easily be diagnosed by a doctor with a simple device, the blood pressure cuff, during routine checkups. High blood pressure can be treated by reducing salt in the diet, getting enough exercise, reducing stress, and taking medication, if recommended by a doctor.

Atherosclerosis is the narrowing of arterial blood vessels that occurs when fatty deposits build up in them, thus reducing the supply of blood to the heart muscle. A heart attack occurs if the heart muscle is damaged when the blood flow to the heart is reduced or halted (as for example by a blood clot caught in the coronary artery). The symptoms of a heart attack can be confused with signs of other problems, such as indigestion or strained chest muscles. The victim of a heart attack may have a squeezing pain in the chest, left arm, back, or shoulders, may become pale, short of breath, may sweat or vomit. Some heart attack victims only feel tired, anxious, or slightly uncomfortable.

After a heart attack, the patient is required to rest for long enough to give the scar tissue on the heart time to heal. Medication is often prescribed, and changes in exercise, smoking, and diet habits are usually recommended. Cigarette smoking, a diet that is high in fat, lack of exercise, stress, obesity, hypertension, and heredity are thought to contribute to the risk of heart disease.

From Midlife, Family and Community Health Through Caregiving Program (Newton, MA: Education Development Center, Inc., 1981), p. 50.

CANCER

The second major cause of death in adults in the United States is cancer. People are more afraid of cancer than of any other disease--because it can be so destructive, because we do not fully understand it, and because there is no "cure" for it.

But even though there is no cure, many types of cancer can be successfully treated if they are detected early. The American Cancer Society reports that 70,000 Americans are saved every year by early treatment of cancer, and estimates that 70,000 more could be saved if they were treated early.

What Is Cancer?

Normal physical growth occurs by division of body cells--a cell divides into two, the two divide into four, and so on. (Your own body cells are dividing now, which is how growth in adolescence happens.) However, the body stops growing when it has reached full growth. After that, body cells divide and grow primarily to repair damage, as for example, when you cut yourself.

Occasionally the process that stops growth doesn't work, and cells divide beyond normal need. This produces tumors--abnormal masses of cells produced by unchecked growth--or other cell abnormalities. Not all tumors or other cell abnormalities are cancerous, but all should be considered potentially dangerous. Only an expert can determine whether a tumor is cancerous or not. If there is any suspicion of cancer, the patient should see a doctor immediately.

Everyone should be aware of the Seven Warning Signals identified by the American Cancer Society. They are:

- Any lump or thickening, especially in the breast, lip, or tongue.
- Any irregular or unexplained bleeding,
- Any sore that does not heal,
- Changes in color or size of warts, moles, or birthmarks,
- Loss of appetite or continual indigestion,
- Persistent hoarseness, cough, or difficulty in swallowing,
- Persistent changes in bowel habits.

These do not necessarily mean cancer; they mean only that a checkup is necessary.

From Midlife, Family and Community Health Through Caregiving Program (Newton, MA: Education Development Center, Inc., 1981), p. 51.

STROKES

- Strokes are the third leading cause of death in the United States.
- They occur when blood clots or hemorrhages obstruct parts of the brain and destroy brain tissue.
- After a stroke, the parts of the body controlled by the affected part of the brain no longer function normally.
- Stroke victims may suffer from paralysis, speech difficulty, and memory loss.

If a stroke is caused by a blood clot, or a narrowed blood vessel, medication can help. Occasionally surgery is necessary. Stroke patients need rest and encouragement to begin to be active again. Exercise and other therapy can help many stroke patients regain use of their speech and muscles.

Researchers suggest that people can reduce the likelihood of strokes by reducing the intake of salt, cutting down on fatty food, watching their weight, and getting frequent exercise.

From Midlife, Family and Community Health Through Caregiving Program (Newton, MA: Education Development Center, Inc., 1981), p. 52.

EXERCISE AND FITNESS

- Exercising makes your heart stronger, and stronger hearts are more resistant to disease. The major cause of death in this country is heart disease. Diseases of the heart and blood vessels kill more people than all other causes combined and are responsible for 65 percent of deaths (excluding deaths caused by accidents). By exercising, you strengthen your heart and prevent the build-up of fatty deposits on the artery walls. It is encouraging to see that in the last ten years as more Americans exercise regularly, there has been a 22 percent reduction in deaths caused by heart attacks and a 30 percent reduction in deaths caused by strokes.

- Exercising gives you more energy. Maybe it seems contradictory, but the more regular exercise you get, the more energy you will have for other activities. If your body is fit, it can handle more. For example, after Ruth Rothfarb finished running her first marathon (26.2 miles), she celebrated by going to a disco to dance with her friends. And she is 80 years old! So if you are tired and having trouble keeping up with all your activities, the answer may not be more sleep but more exercise. There is evidence that when you exercise regularly, you need less sleep and you sleep more soundly.

- Exercising increases your emergency reserves of energy and strength. There are times when all of us need to move quickly--to catch a bus, to help a friend, to get out of a dangerous situation. Someone who is in shape has a much greater reserve capacity because his or her heart is stronger. Strong hearts respond more quickly, and are able to pump more blood to the muscles for longer periods of time without becoming exhausted.

- Exercising helps control your weight. People who are overweight do not necessarily eat more than their normal-weight friends, but they do move less. The less you move, the fewer calories you burn. The more exercise you get, the more calories you burn, and the more you can eat without putting on weight. Exercise also helps regulate your appetite. As you exercise more, you will not be a lot hungrier. In fact, after exercising for an hour, you will generally feel less hungry than when you started.

- Exercising slows down the aging process by strengthening your bones and connective tissue. During adolescence, your bones are strong and your ligaments and tendons are flexible and resilient. But starting in your twenties, your bones begin to become more brittle and you begin losing flexibility--especially if you don't exercise. Exercising your muscles actually strengthens your bones. And regular stretching will keep your connective tissues (ligaments and tendons) flexible. This is especially important in preventing lower back problems, which cause many middle-aged people a great deal of suffering. In fact, back problems are one of the leading causes of absences from work among middle-aged people. If your parents or their friends have back problems, they might benefit from a good exercise program. (Of course, they should check with their physician first.) And exercise is a good way to prevent these problems.

From Being Fit, Teenage Health Teaching Modules (Newton, MA: Education Development Center, Inc., 1981), pp. 10-11.

WEIGHT PROBLEMS

If you are too fat, your chances of developing some chronic disorders are increased. Obesity is associated with high blood pressure, increased levels of blood fats (triglycerides) and cholesterol, and the most common type of diabetes. All of these, in turn, are associated with increased risks of heart attacks and strokes. Thus, you should try to maintain "ideal" weight.

But, how do you determine what the ideal weight is for you?

There is no absolute answer. The table shows "acceptable" ranges for most adults. If you have been obese since childhood, you may find it difficult to reach or to maintain your weight within the acceptable range. For most people, their weight should not be more than it was when they were young adults (20 or 25 years old).

If you need to lose weight, do so gradually. Steady loss of 1 to 2 pounds a week--until you reach your goal--is relatively safe and more likely to be maintained. Long-term success depends upon acquiring new and better habits of eating and exercise. That is perhaps why "crash" diets usually fail in the long run.

Do not try to lose weight too rapidly. Avoid crash diets that are severely restricted in the variety of foods they allow. Diets containing fewer than 800 calories may be hazardous. Some people have developed kidney stones, disturbing psychological changes, and other complications while following such diets. A few people have died suddenly and without warning.

It is not well understood why some people can eat much more than others and still maintain normal weight. However, one thing is definite: to lose weight, you must take in fewer calories than you burn. This means that you must either select foods containing fewer calories or you must increase your activity--or both.

A pound of body fat contains 3,500 calories. To lose 1 pound of fat, you will need to burn 3,500 calories more than you consume. If you burn 500 calories more a day than you consume, you will lose 1 pound of fat a week. Thus, if you normally burn 1,700 calories a day, you can theoretically expect to lose a pound of fat each week if you adhere to a 1,200-calorie-per-day diet.

Do not attempt to reduce your weight below the acceptable range. Severe weight loss may be associated with nutrient deficiencies, menstrual irregularities, infertility, hair loss, skin changes, cold intolerance, severe constipation, psychiatric disturbances, and other complications.

If you lose weight suddenly or for unknown reasons, see a physician. Unexplained weight loss may be an early clue to an unsuspected underlying disorder.

Suggested Body Weights

Range of Acceptable Weight

Height (feet-inches)	Men (pounds)	Women (pounds)
4'10"		92-119
4'11"		94-122
5'0"		96-125
5'1"		99-128
5'2"	112-141	102-131
5'3"	115-144	105-134
5'4"	118-148	108-138
5'5"	121-152	111-142
5'6"	124-156	114-146
5'7"	128-161	118-150
5'8"	132-166	122-154
5'9"	136-170	126-158
5'10"	140-174	130-163
5'11"	144-179	134-168
6'0"	148-184	138-173
6'1"	152-189	
6'2"	156-194	
6'3"	160-199	
6'4"	164-204	

Note: Height without shoes; weight without clothes.

Source: HEW conference on obesity, 1973.

From Nutrition and Your Health; Dietary Guidelines for Americans (Washington, DC: U.S. Department of Agriculture, U.S. Department of Health and Human Services, Home and Garden Bulletin No. 232), p. 718.

EMOTIONAL HEALTH

> It is important to emphasize that physical health and mental health are often linked. Both are enhanced through the maintenance of strong family ties, the assistance of supportive friends, and the use of community support groups.*

Some people at midlife undergo strains that can threaten their emotional health. Experts offer several explanations for these strains and stresses.

One involves the process of "sorting things out" that goes on during this period. If people feel that they have fallen short of goals they have set for themselves, they may think of themselves as being unsuccessful.

Some feel that people at midlife are becoming aware of their own mortality: they may learn about the premature death of friends; their children are growing up and leaving home; or their parents may begin to have health problems. They may develop a sense of urgency to use their own time more wisely, and may feel--perhaps for the first time--that time is finite. The world no longer offers endless possibilities; they must make choices with the knowledge that deciding to follow one path probably means the other paths will never be explored. Youthful dreams may be given up, some times painfully. Although many people at midlife may question the way their lives seem to be going, or may have second thoughts about past choices, or may experience new conflicts, most of them keep these feelings in perspective and don't let them take over.

Depression and anxiety can accompany these second thoughts at midlife. Symptoms of depression include feelings of inadequacy, worthlessness, or sadness, inability to enjoy daily pleasures, changes in eating and sleeping patterns. Anyone can experience one or two of these symptoms occasionally and not be in a state of depression. But if they pile up, and don't go away, the depressed person needs professional help.

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*Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (Washington, DC: Department of Health, Education, and Welfare, 1979), p. 10.

From Midlife, Family and Community Health Through Caregiving Program (Newton, MA: Education Development Center, Inc., 1981), pp. 55-56.

WHAT PROMOTES HEALTH?

People in good health feel energetic, alert, and alive. Many experts think that people can actively promote these feelings throughout their lives, instead of thinking about health only after they become sick. Quite simply, it is a good idea to keep yourself fit and to encourage others to do so, too.

- Make exercise a regular part of your routine through sports or recreation. No matter where you live or what facilities are available to you, there are ways of getting exercise. A brisk daily walk doesn't cost anything. Nor does jogging or a few minutes of floor exercise.

- Eat for health. Nutrition experts think Americans eat too much fat, salt, and sugar and too few whole grains, vegetables, and fruits. Some feel we eat too much, period. Sensible eating helps keep people feeling well and helps control weight.

- Keep up with the health news. New data is always being collected and presented via magazines, newspaper articles, books, and television programs.

- Avoid unhealthy habits. Health risks associated with smoking and excessive drinking are well documented.

- Recognize signs of stress. The role of stress in illness is not completely understood, but it is strongly suspected that excessive stress may be harmful. Some people can handle more pressure than others. Learn to recognize how much stress you can manage, and develop strategies to reduce stress when it becomes excessive--talk over problems with a friend, exercise, or do something that is refreshing or relaxing.

- Recognize warning signals from your body. Different illnesses have their own symptoms, and only a qualified medical doctor can diagnose them and prescribe treatment. Sometimes people wait too long before getting help, because they fail to recognize early warning signals of high blood pressure, cancer, heart disease, alcoholism, and diabetes. In general, any dramatic change in the normal functioning of the body should be checked out. People should get professional help when they notice any of the following symptoms:

  Unexplained fatigue

  Severe and/or frequent headaches

  Unexplained changes in behavior or personality

  Sleeplessness or changes in sleeping patterns

  Constricting, squeezing pains in the chest

Sudden weight change

Difficulty in swallowing or breathing

Changes in appetite

Excessive thirst

Changes in bowel or bladder habits

Unusual bleeding or discharge

A cough that doesn't go away

A sore that doesn't heal or a change in a wart or mole

Any thickening or lump

Swelling in legs, ankles, hands; puffiness

People can monitor their health by "listening" to their bodies and practicing health-promoting behavior. In addition, regular physical checkups can be important. A doctor can not only keep track of health through checkups, but can also discuss health goals and ways to achieve them.

The Surgeon General of the United States recommended these health practices in a report in 1979:

- Eliminate cigarette smoking;
- Reduce alcohol misuse;
- Make dietary changes to reduce intake of excessive calories, fat, salt, and sugar;
- Exercise moderately;
- Have periodic screening for blood pressure and certain cancers; and
- Adhere to speed laws and use seat belts.

From Midlife, Family and Community Health Through Caregiving Program (Newton, MA: Education Development Center, Inc., 1981), pp. 58-59.

Activity Seven

Promoting the Health of Grandparents

Objectives

Cognitive: Students will:

- Learn that attention to good health is as much a part of the later years as the younger years.
- Learn that a sense of well-being can be part of health in the later years, even though an older person may have some activity-limiting diseases or conditions.

Affective: Students will be aware that:

- Caregiving by children can make grandparents feel good.
- Caregiving by their grown-up "children" continues to be part of good emotional health for grandparents.

Skills: Students will be able to:

- Plan health-enhancing interactions with older people.
- Hypothesize about strategies to prevent common ailments related to aging.
- Conduct interviews to gather health-related data.

Activity at a Glance

Students will learn that health in the later years can be enhanced by good family and community interactions, even though an older person may have a specific health problem or

disease. In small-group work they plan ways to help older people accomplish some necessary health functions. Through interviews they add valuable family health history information to the growing body of data in their ME booklets.

Preparation

1. Review the data in the mini-lecture and prepare to present it to the class.

2. Review the class discussion questions.

3. Duplicate "Did You Know?," one for each student, and "How Families Can Have a Positive Effect on the Lives of Their Elders," one for each group of three or four students.

4. Locate "Paternal Grandparents," "Maternal Grandparents," and "Check List of Family Illnesses and Medical Conditions," pages 13-15 in the ME booklet.

Procedure

1. Notes for Mini-Lecture

HEALTH IN THE LATER YEARS*

Until recently, we knew very little about aging, because not many people lived to old age and few researchers were interested in studying the aging process. (Today one in ten Americans is over 65. In 1900, only one out of 25 reached that age.) As the elderly population has increased, however, a new scientific field of study has developed to investigate aging. This field of study is called gerontology. Gerontologists don't have all the answers to what happens in aging and why different people seem to age so differently, but they have given us new ways to look at the process and have uncovered some surprising findings.

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*From Growing Older, Family and Community Health Through Caregiving Program (Newton, MA: Education Development Center, Inc., 1980), pp. 56-57.

What are some of the things that may happen as people grow older? In answering this question, it is important to keep in mind several points. First, each person is unique, with an individual personality, lifestyle, experiences, attitudes, and genetic make-up. These factors will interact with the biological aspects of aging to make each person's aging process, in many ways, different from that of everyone else.

Second, there is no fixed timetable, nor is there any definite path, for growing older. There is great variability among individuals in the way they age. On the whole, older adults vary more in their physical abilities and behaviors than do younger adults.

Third, many changes occur gradually over a long period of years or decades, and most people, regardless of age, adjust well to these changes. Friends and family members also may be going through similar changes, making them less apparent.

Fourth, even people with major physical impairments often summon the personal strength to continue to live effectively. Enjoyment gained from family, friends, work, or leisure activities can help offset losses.

Finally, today there are so many vigorous, creative and alert people over 70 that earlier ideas about the inevitability of decline in older people are being re-evaluated.

Nevertheless, the older years are dominated by health concerns. Older people observe in themselves a gradual slowing down of physiological processes. At the same time they demonstrate a remarkable ability to change their lives in significant ways--to form new relationships, to find new activities--in adapting to physical changes.

Still, more than two-thirds of all older people in the United States think their health is "good" or "excellent." Older people have more chronic conditions than younger ones, but relatively low rates of acute illnesses like pneumonia or flu. (However, such illnesses can be more serious in an elderly person so they are advised to get flue vaccines.) Only 2 percent of people 65 and older are bedridden, and only 6 percent are house-bound. The most common reasons for limited activities in people over 65 are heart disease, arthritis and rheumatism, and problems affecting bones (orthopedic problems).

Emphysema, a lung disease correlated with cigarette smoking also frequently confines older people to home and an oxygen supply. Heart disease, strokes, and cancer amount for 65 percent of all deaths for this age group. Heart attacks and strokes result from problems in blood circulation caused by reduced output from the heart and reduced elasticity of the arteries. Some experts feel these problems may be reduced or even prevented by proper exercise and diet throughout life. In addition, many heart patients are helped by recent advances in medicine and surgery, such as the use of pacemakers (small instruments that send electrical impulses to the heart muscle to keep the heart beating regularly) and open-heart surgery.

Discussion Questions:

- What do you think it means to be "old?"
- How do you know when someone is "old?"
- What do older people you know do? What can't they do?
- What are the particular strengths you have observed in older people?

2. Older People: Where Are They?

Distribute the "Did You Know...?" sheet. Have each student read it through quickly.

- What surprised you most about these items?
- Do you hope anything about this data will change by the time you are an older person?

3. How Families Can Have a Positive Effect on the Lives of Their Elders

Families can have a positive effect on the lives of their elderly members. If grandparents are part of the home or fairly close by, in what ways can families help them with essential functions? If your grandparents are not close by, or are no longer living, think of another old person you know, and do this exercise with that person in mind.

Divide students into groups of three to four. Ask each group to complete the chart, "How Families Can Have a Positive Effect on the Lives of Their Elders." After they have filled them out, ask for any particularly inventive ideas in any of the categories to be shared with the class.

4. Homework

Ask the students to complete "Maternal Grandparents" and "Paternal Grandparents," pages 13 and 14 in their ME booklets. If their grandparents live nearby, they can interview them directly, in person or by telephone. If they live at some distance, students can write to them, including a series of questions to gather the information for the forms and an explanation of the purpose of the activity. If neither is feasible, or grandparents are not alive, they can interview their parents, or perhaps aunts or uncles, to gather the data.

Remind the students that in interviewing they should keep these guidelines in mind: they should give the interviewee some idea of why they are collecting the data; they should ask the questions gently and not press for answers if the interviewee seems reluctant to answer a particular question; they should go slowly and not rush the interviewee for answers, because sometimes it is hard to recall factual information; they should give the interviewee freedom to talk in greater depth if they like about a particular issue, for the older person might enjoy reminiscing and sharing the memories that are triggered by a particular question; that at the end of the interview the interviewer should ask if there is any other relevant data that the interviewee might like to add. Alert them to the fact that their grandparents, and even their parents, will probably be pleased by the attention they are getting, so the students can look forward to this as a mutually enjoyable experience.

Have students fill in "Check List of Family Illnesses and Medical Conditions," page 15 in their ME booklets.

HOW FAMILIES CAN HAVE A POSITIVE EFFECT ON THE LIVES OF THEIR ELDERS

Function	Strategies
Eating	
Exercise	
Keeping in touch	
Following a health maintenance program	
Dealing with health problems	
Safety	
Adapting to body change and capacities	
Keeping up interest in ideas and activities	

DID YOU KNOW...?: AGING

The Applied Gerontology Research Center of the Benjamin Rose Institute, Cleveland, Ohio, provides services to and on behalf of older persons. Dr. Barbara Silverstone, Executive Director of the Institute, shares some of its findings:

- Research shows that older people entering institutions often feel abandoned, but it also points out that placement of an elderly person in a nursing home is not an act of rejection by most families. Rather, it is a last resort after previous efforts to maintain a person in the home or community.
- Among people 65 and older today, more than half have a living spouse.
- Less than 4 percent of people 65 and older live in institutions of any sort, with less than 1.5 percent in nursing homes. Even among those 85 and older, less than 9 percent live in nursing homes (1965).
- A large portion of older persons live less than one hour from one of their children.
- Studies show that black families rely more heavily on extended kin than do white families of comparable status. In New York City, Hispanic elderly have stronger mutual-assistance relationships with their families than do other groups, and blacks have a stronger pattern of aid given to children and mutual assistance involving neighbors than do other groups.
- In a health crisis most older people name a child or other relative apart from the spouse from whom they would seek help, but daughters were named twice as often as sons by both male and female parents.*
- No matter how old people are they still function as parents to their grown-up children. Older parents often give monetary aid to their sons and services such as child care to their daughters.
- The family as a social support system promises to be less resourceful in the years to come simply because of the fewer number of children per family in ensuing generations (if birth rates continue as they are) and the changing function of female members of the family from caretaker to employed worker.
- Nuclear and extended families have survived well into the latter half of the twentieth century and promise to do so in the future. Efforts should be directed toward encouraging the contributions which the elderly can make to their families as well as to the larger community. The mutual caring and sharing among generations will go far in ameliorating the family problems of the elderly.

From Growing Older, Family and Community Health Through Caregiving Program (Newton, MA: Education Development Center, Inc., 1980), p. 43.

Activity Eight

A Happy, Healthy Event for the Whole Family

Objectives

Cognitive: Students will be able to:

- Understand that families that do things together have a greater chance of being strong and happy.
- Understand that physical well-being of family members can be enhanced by family group activity.

Affective: Students will:

- Have fun with their family members by engaging in an activity together.
- Appreciate that planning a large group activity takes time and responsible behavior.

Skills: Students will:

- Practice brainstorming.
- Practice planning.

Activity at a Glance

Students will plan a group activity for themselves, their teacher, their school administrators, and their families (including any grandparents who can attend) that would involve nutritious food and some fitness-promoting activity that is fun. They will complete work in their ME booklets (for now) by analyzing their medical history and thinking about its implications.

Preparation

1. You may want to discuss the class-family event with your administrator and those whose permission you would have to get to use the school building for an evening or weekend day.

2. This event will take some time to plan, so it will have to be scheduled for a future time unless you started planning when you started the module (in response to ALERT at end of Activity One).

3. Locate "Analysis of Medical History" form in the ME booklet, page 16.

Procedure

1. A Joint Razzle-Dazzle Intergenerational Class-Family Event

Brainstorm with your class possible activities that would focus on both health and families doing things together. Some possibilities to get the discussion going:

potluck supper and volleyball evening

family bowling and health food snacks

picnic and races, ball game

a group walk to a nearby city park and picnic

potluck supper and group swim at school pool

a weekend camping trip to scout or 4-H camp

Encourage students to come up with as many suggestions as they can, and note the suggestions on the board as they are mentioned.

When no more suggestions are forthcoming, discuss with the class which activities would be most feasible to include. Criteria should include: time available, facilities available, expense, ease or difficulty of planning, number of participants, particular interests of participants, and any others dictated by the class or school situation.

After the class has arrived at a plan for the event, ask students to list the tasks to be done for the event to take place, including the following: setting the date and time, arranging for the location, sending invitations or otherwise publicizing the event, arranging for any special personnel (for example, a photographer to record the event or an expert to give an informal talk on some aspect of health), planning and preparing the food, planning and leading the activities (which should include a range to allow for differences in ability and interest), cleaning up, and thanking anyone who may have provided special services. Have them divide themselves into committees to accomplish the tasks, giving one or two students the responsibility of being liaisons, or coordinators, working with all committees.

Ask students to reserve a page or two in their ME notebook to write about the event, describing what happened and what it meant to them. (This will be a private exercise, because it will take place after the conclusion of the module. Encourage students to do it by telling them how much they may enjoy looking back on it sometime in the future.)

2. Alternative Strategy for Intergenerational Event

If time or other limitations prevent your using this exercise as a class activity, suggest to students that they can do something of the same sort within their own families. Ask for ideas of events that can be planned to include everyone in the family so students can benefit from classmates' ideas and share their own.

3. A Concluding Classroom Activity: Completing the ME Booklets

Ask each student to fill out "Analysis of Medical History," page 16 in the ME booklet. You may want to arrange for the school nurse, the school doctor, or a physician in the community to come to this class to discuss the implications with students. You could make this an in-class working session, with the students completing their medical analysis forms while the medical authority circulated among them helping them to figure out individual items. (If no medical authority is available, you can oversee the exercise yourself. You need not go into depth on specific treatment; on the basis of the handout sheets provided in the module students can figure out many of the implications for themselves. It would simply add an extra dimension to bring some medical expertise to the situation.)

At the end of such a work session, with the medical authority available as a resource, bring up these issues for class discussion:

- What are some general practices that help promote good health over the course of a lifetime?
- What factors in your own health history will you want to address through preventive methods? How will you go about it?
- What have you learned about yourself and promoting your own health that you were not aware of before?
- What health plans have you become committed to for your own future health and the health of the family you may have some day?

Other Programs and Resource Materials

A Selected List of Other Materials Relevant to "Promoting Health in Families."

ADDITIONAL INFORMATION FOR TEACHERS

Bane, Mary Jo. Here To Stay: American Families In The Twentieth Century. New York: Basic Books, 1976.

Child Safety.
Washington, D.C.: Consumer Product Safety Commission, Not Dated.
Available from: The United States Consumer Product Safety Commission
Washington, D.C. 20207

Making A Home Safe Is Child's Play: A Home Safety List
Boston: Mass Office for children/U.S. Consumer Product Safety Commission, Not Dated.
Available from: The Massachusetts Office for Children
120 Boylston Street
Boston, MA 02116

The Medicine Show: Consumers Union Practical Guide To Some Everyday Health Problems and Health Products. Mt. Vernon, New York: Consumers Union, 1980.

Stinnett, Nick, et al. Building Family Strengths: Blueprints for Action. Lincoln: University of Nebraska Press, 1979.

Where To Write For Birth and Death Records. Pueblo, CO.: GSA, Not Dated.
Available from: Consumer Information Center for the General
Services Administration
Pueblo, Colorado 81009

CURRICULA

Exploring Childhood.

A program that encourages the study and discussion of parenting and child growth, while providing a framework for understanding the forces that shape human development. Includes a wide range of print and audio-visual material.
Available from: Exploring Childhood
Education Development Center
55 Chapel Street
Newton, MA 02143
(617) 969-7100

Family and Community Health Through Caregiving. (1981)

A comprehensive educational program which promotes the active, physical, emotional, and social health that makes for a truly fit program. The program consists of fifteen booklets, eleven cassette tapes, and one sound filmstrip which can be used together in sequence or individually in parts.
Available from: Family and Community Health Through Caregiving
Education Development Center
55 Chapel Street
Newton, MA 02160
(617) 969-7100

Family Life Education: A Problem Solving Curriculum for Adolescents. (Ages 15-19). (1980)

A curriculum which aids the teacher in teaching high school students to behave in a responsible manner in the area of family life and sexuality.
Available from: The Superintendent of Documents
United States Government Printing Office
Washington, D.C. 20402
or: The United States Department of Health and Human Services
Public Health Service
Health Services Administration
Bureau of Community Health Services
5600 Fishers Lane
Rockville, Maryland 20857

Family Life Education: Curriculum Guide (1980)

A model and a resource for teachers setting up family life education programs at the secondary level.
Available from: Same sources as above.

Health Education Grade 10. (Not Dated)

Syllabus, activities, readings for a 10th grade health program oriented to health in the family, CPR, safety, mental health, and the use of health information.
Available from: Supervisor of Health and Physical Education
West Chester Area School District
320 North Church Street
West Chester, PA 19380

Health Curriculum Materials for the Elementary and Secondary Grades: Health: Strand 1: Physical Health. (1969, 1970)

Teachers guide containing explanations of concepts and major understandings related to disease prevention and control as well as suggested teaching aids, learning activities, and supplementary information.
Available from: Health Curriculum Materials for the Elementary and Secondary Grades
New York State Education Department
Bureau of Health, Drug Education, and Services
Education Building Annex - Room 964
Albany, New York 12224

Know Your Body: Teacher's Guide. (Not Dated)

Teachers guide for junior and senior high school teachers which assists them in aiding students in the creation of positive health habits and attitudes which will aid in the prevention of ill health by reducing risk factors. The "Primary Cancer Prevention Unit" is especially relevant to this module.
Available from: The Know Your Body Disease Prevention Program
The American Health Foundation
1370 Avenue of the Americas
New York, New York 10019
(212) 489-8700

Family and Community Health: The Journal of Promotion and Maintenance. (Quarterly)

Articles relating to health and health care. Each issue is devoted to a particular topic.
Available from: Aspen Systems Corporation
16762 Oakmont Avenue
Gaithersburg, Maryland 20877

SOME NATIONAL HEALTH ORGANIZATIONS

The following list is a sampling of national organizations offering health information. It is not intended to be exhaustive, and will hopefully be updated periodically to identify organizations that have been missed or that have produced new resources useful in health education curricula. THOSE SEEKING PUBLICATIONS OR INFORMATION ASSISTANCE FROM THESE ORGANIZATIONS SHOULD ALWAYS DETERMINE IF THERE IS A LOCAL OR STATE AFFILIATE OF THE NATION ORGANIZATION AND CONTACT THE CLOSEST OFFICE FIRST. Addresses and phone numbers can be checked through telephone directories, libraries, and local health agencies. ALSO HEALTH INFORMATION AND HELP IN IDENTIFYING OTHER VALUABLE RESOURCES CAN FREQUENTLY BE OBTAINED FROM OFFICIAL STATE AND LOCAL HEALTH AND EDUCATION AGENCIES, COLLEGE AND UNIVERSITY HEALTH EDUCATION PERSONNEL, AND/OR LIBRARY REFERENCE GUIDES. Many of the publications and services are free to the public; others involve a nominal charge.

Action on Smoking and Health
2013 H St., N. W.
Washington, D.C. 20006

Al-Anon Family Group Headquarters, Inc.
P. O. Box 182
Madison Square Station
New York, NY 10059-0182

Alcoholics Anonymous
P. O. Box 459
Grand Central Station
New York, NY 10163

American Academy of Dermatology
820 Davis
Evanston, IL 60201

American Alliance for Health, Physical Education, Recreation and Dance
Association for the Advancement of Health Education
1900 Association Drive
Reston, VA 22091

American Cancer Society
777 Third Avenue
New York, NY 10017

American Council on Marijuana and Other Psychoactive Drugs
6193 Executive Boulevard
Rockville, MD 20852

American Dental Association
Bureau of Health Education and Audiovisual Services
211 E. Chicago Avenue
Chicago, IL 60611

American Diabetes Association
Two Park Avenue
New York, NY 10016

American Dietetic Association
430 N. Michigan Avenue
Chicago, IL 60611

American Hearing Society (formerly National Association for Hearing and Speech Action)
10801 Rockville Pike
Rockville, MD 20852

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

American Hospital Association
Department of Order Processing
840 N. Lake Shore Drive
Chicago, IL 60611

American Lung Association
1740 Broadway
New York, NY 10019

American Medical Association
Department of Health Education
535 N. Dearborn Street
Chicago, IL 60610

American Medical Association Auxiliary
535 N. Dearborn Street
Chicago, IL 60610

American Optometric Association
Attn: Communications Division
243 N. Lindberg Boulevard
St. Louis, MO 63141

American Osteopathic Association
Public Relations Department
212 E. Ohio Street
Chicago, IL 60611

American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, DC 20037

American Podiatry Association
Council On Education
20 Chevy Chase Circle, N.W.
Washington, DC 20015

American Red Cross
17th and E Streets, N.W.
Washington, DC 20006

American School Health Association
P.O. Box 708
Kent, Ohio 44240

American Social Health Association
260 Sheridan Avenue
Palo Alto, CA 94306

Arthritis Foundation
1314 Spring Street
Atlanta, GA 30309

Association for Retarded Citizens
(formerly National Association for Retarded Children)
P.O. Box 6109
Arlington, TX 76011

Asthma and Allergy Foundation of America
1302 18th Street, N.W., Suite 303
Washington, DC 20036

Blue Cross/Blue Shield Association
676 N. Saint Clair Street
Chicago, IL 60611

Cystic Fibrosis Foundation
Suite 558
3384 Peachtree Road, N.E.
Atlanta, GA 30326

Epilepsy Foundation of America
4351 Garden City Drive
Suite 406
Landover, MD 20785

Family Service Association of America
44 E. 23rd Street
New York, NY 10010

Group Against Smoker's Pollution
P.O. Box 632
College Park, MD 20740

Kimberly-Clarke
Life Cycle Center
2100 Winchester Road
Neenah, WI 54956

Leukemia Society of America
800 Second Avenue
New York, NY 10017

March of Dimes, Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

Mental Health Materials Center
30 E. 29th Street
New York, NY 10016

Metropolitan Life Insurance Co.
Health and Safety Education Div.
One Madison Avenue
New York, NY 10010

Muscular Dystrophy Association
810 Seventh Avenue
New York, NY 10019

National Center for Health Education
30 E. 29th Street
New York, NY 10016

National Council on Alcoholism, Inc.
733 Third Avenue, Suite 1405
New York, NY 10017

National Cystic Fibrosis Research Foundation
60 E. 42nd Street, Suite 1563
New York, NY 10017

National Dairy Council
6300 N. Rier Road
Rosemont, IL 60018

National Easter Seal Society
2023 W. Ogden Avenue
Chicago, IL 60612

National Fire Protection
Association
Battery March Park
Quincy, MA 02269

National Genetic Foundation
555 W. 57th Street
New York, NY 10019

National Hemophilia Foundation
19 W. 34th S., Suite 1204
New York, NY 10001

National Kidney Foundation
Two Park Avenue
New York, NY 10016

National Mental Health Association
1800 N. Kent Street
2nd Floor
Arlington, VA 22209

National Multiple Sclerosis
Society
20 E. 42nd Street
New York, NY 10017

National Safety Council
444 N. Michigan Avenue
Chicago, IL 60611

National Society for the Prevention
of Blindness, Inc.
79 Madison Avenue
New York, NY 10016

National Tay-Sachs and Allied
Diseases Association, Inc.
92 Washington Avenue
Cedarhurst, NY 11516

Planned Parenthood Federation
of America, Inc.
810 Seventh Avenue
New York, NY 10019

Public Affairs Committee, Inc.
381 Park Avenue South
New York, NY 10016

Tampax, Incorporated
Department HI
P.O. Box 7001
Lake Success, NY 11402

United Cerebral Palsy Association
330 E. 34th Street
New York, NY 10001

United Parkinson's Foundation
220 S. State St., Room 1808
Chicago, IL 60604

FEDERAL GOVERNMENT RESOURCES

Arthritis Information Clearinghouse
1700 N. Moore Street
Arlington, VA 22209

Cancer Information Clearinghouse
National Cancer Institute
Office of Cancer Communications
Building 31, Room 10A18
9000 Rockville Pike
Bethesda, MD 20205

Center for Health Promotion
and Education
Division of Health Education
Centers for Disease Control
Atlanta, GA 30333

Clearinghouse on the Handicapped
330 C Street, S.W.
Washington, DC 20201

Consumer Information Center
Pueblo, CO 81009

Environmental Protection Agency
Public Inquiries Center, PM 211-B
401 "M" Street, S.W.
Washington, DC 20460

Food and Drug Administration
Office of Consumer Inquiries (HFE-88)
5600 Fishers Lane
Rockville, MD 20857

Food and Nutrition Information
Center (FNIC)
3101 Park Center Drive
Alexandria, VA 22302

High Blood Pressure Information
Center
120/80 National Institutes of
Health, Box UR
Bethesda, MD 20205

National Center for Education in
Maternal and Child Health
3520 Prospect Street, N.W.
Washington, DC 20007

National Clearinghouse for
Alcohol Information
P.O. Box 2345
Rockville, MD 20857

National Clearinghouse for
Drug Abuse Information
5600 Fishers Lane, Room 10A43
Rockville, MD 20857

National Clearinghouse for Family
Planning Information
P.O. Box 2225
Rockville, MD 20857

National Clearinghouse for
Mental Health Information
Public Inquiries Section
5600 Fishers Lane, Room 15C17
Rockville, MD 20857

National Diabetes Information
Clearinghouse
Box NDIC
Bethesda, MD 20205

National Digestive Diseases Education
and Information Clearinghouse
1555 Wilson Blvd., Suite 600
Rosslyn, VA 22209

National Health Information
Clearinghouse (NHIC)
P.O. Box 1133
Washington, DC 20013-1133

National Highway Traffic Safety
Administration (NHTSA)
U.S. Department of Transportation
400 7th Street, S.W.
Washington, D.C. 20590

National Injury Information
Clearinghouse
5401 Westbard Avenue, Room 615
Washington, DC 20207

National Institute for Drug Abuses
5600 Fishers Lane
Rockville, MD 20857

National Institutes of Health
Bethesda, MD 20205

National Heart, Lung, and Blood Institute
Public Information and Reports Branch
Building 31, Room 4A21
National Institutes of Health
Bethesda, MD 20205

Office of Consumer Affairs
Washington, DC 20201

Office on Smoking and Health
Technical Information Center
Park Building, Room 116
5600 Fishers Lane
Rockville, MD 20857

President's Council on Physical Fitness and Sports
450 Fifth Street, N.W.
Suite 7103
Washington, DC 20001

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

U.S. Consumer Product Safety Commission
Washington, DC 20207

U. S. Department of Agriculture
Washington, D.C 20250

U. S. Department of Health and Human Services
Washington, DC 20201

Credits

CURRICULUM DEVELOPER AND AUTHOR:
Ruth N. MacDonald

MANAGING DIRECTOR:
Ann M. Lee

DIRECTOR OF CURRICULUM DEVELOPMENT:
Mildred Zeldes Solomon

SENIOR ASSOCIATE FOR CURRICULUM DEVELOPMENT:
Ruth N. MacDonald

SENIOR ASSOCIATE FOR OUTREACH AND DISSEMINATION:
Jacquelyn G. Sowers

DIRECTOR OF EVALUATION:
Sarah L. Levine

PROJECT OFFICERS:
Roy L. Davis, Director
Beth Layson, Public Health Analyst
Community Program Development Division
Center for Health Promotion and Education
Centers for Disease Control
Atlanta, Georgia

MEDICAL REVIEWER:
Ann Sattler, M.D.
Children's Hospital Medical Center
Boston, Massachusetts
Harvard Medical School

EDITOR:
Barbara B. Herzstein

ART DIRECTOR AND PRODUCTION MANAGER:
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Virginia Fay

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Cheryl J. Vince

PRESIDENT,
EDUCATION DEVELOPMENT CENTER, INC.
Janet Whitla

ADVISORY GROUP

Henry E. Cooper, M.D.
Director, Adolescent Clinic
University of Colorado Medical Center
4200 East Ninth Avenue
(Container A024)
Denver, Colorado 80262

John D. Crawford, M.D.
Pediatrics, Shriners Burns Institute
51 Blossom Street
Boston, Massachusetts 02114

Florence Fenton, Ed.D
Supervisor of Health Education/ Health Services
Prince George's County Public Schools
Upper Marlboro, Maryland 20870

Reverend Arturo Max Fernandez, M.Th.
District Superintendent
Bay View District
United Methodist Church
California-Nevada Area Conference
2320 Dana Street
Berkeley, California 94704

Marian V. Hamburg, Ed.D.
Chairperson
Department of Health Education
South Building, Fifth Floor
Washington Square
New York, New York 10003

Robert L. Holland, M.A.
Assistant Director
Division of Elementary and Secondary Education
Chief, Health and Health Affairs Section
Ohio State Department of Health
Room 105
65 South Front Street
Columbus, Ohio 43215

Robert Leake, Ed.D.
Coordinator for School Improvement
Specialist for Health, Physical Education, and Recreation
Utah State Office of Education
250 East 500 South
Salt Lake City, Utah 84111

Ric Loya, M.S.
President, California Association of School Health Education
Health Teacher
Huntington Park High School
Hungington Park, California 90255

Gordon L. McAndrew, Ed.D
Superintendent, Richland County Schools
District One
Administrative Offices
1616 Richland Street
Columbia, South Carolina 29201

Elena M. Sliepcevich, D.P.E.
Professor, Department of Health Education and School of Medicine
Southern Illinois University at Carbondale
Carbondale, Illinois 62901

Virginia Sparling, M.S.W., M.Ed.Ad.
Immediate Past President National PTA
700 North Rush Street
Chicago, Illinois 60611

Lucille Trucano, M.S., Consultant
Health Education
210 Southwest 299th Place
Federal Way, Washington 98003

Reverend Monsignor Francis Weldgen, S.T.L.
Catholic Youth Department
Buffalo Diocese
100 S. Elmwood Avenue
Buffalo, New York 14202

Michael Willie, Ph.D., Director
Division of Pupil Health and Fitness
New York State Department of Education
Room 980 - Education Building Annex
Albany, New York 12210

EX-OFFICIO ADVISORY GROUP MEMBERS

Roy L. Davis, M.A., M.P.H.
THTM Co-Project Officer
Director, School Programs and Special Projects
Division of Health Education
Center for Health Promotion and Education
Centers for Disease Control
Atlanta, Georgia 30333

Peter Cortese, Dr.P.H.
Formerly Director
Office of Comprehensive School Health Education
Bureau of School Improvement
U. S. Department of Education
Washington, D.C. 20202

Currently Acting Associate Dean
School of Applied Arts and Sciences
California State University
Long Beach, California 90840

Beth T. Layson
THTM Co-Project Officer
Public Health Advisor
School Programs and Special Projects
Division of Health Education
Center for Health Promotion and Education
Centers for Disease Control
Atlanta, Georgia 30333

Donald C. Iverson, Ph.D.
Formerly Special Assistant to the Director
Office of Health Information, Health Promotion and Physical Fitness and Sports Medicine
Office of the Assistant Secretary for Health (Surgeon General of the Public Health Service)
U. S. Department of Health and Human Services
Washington, D.C. 20202

Currently Director of Health Promotion/Disease Prevention Program
Family Medicine Program
Mercy Medical Center
Denver, Colorado 80206

Teenage Health Teaching Modules

ME

Field Test Edition

(name)_____

My Personal Health History

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ME

This booklet is about you. Your health history and that of your family is the subject of it. It is a private document. You need not share it with anyone else, although you will have to communicate with some members of your family gather information for it. Your teacher will ask you to open it to be sure that you are completing the pages, but will not read your entries.

This could be one of the most important documents in your life. It will gradually become a complete source of information about yourself that will help you to make decisions about your health in the future. Keep it in a loose-leaf notebook so that you can continue to add to it over the years. You will also want to add some of the information sheets that you will be getting as part of this module.

You may also want to add to the notebook articles on new medical data as it comes out in newspapers and magazines, explanation sheets that go with medications prescribed for you, or data from other sources. Health is an area of intensive research. As new ideas or theories are verified, they are written about extensively or covered by radio or television. You will want to keep your health information up-to-date, especially in areas that are of particular significance to members of your family. By being aware of the latest findings, you will be a source of help to other family members and can take positive steps on behalf of your own health.

As you go through life, you will find the information you record here increasingly useful. It is important to write things down because you then become more fully aware of them and can plan to deal with them in constructive, effective ways. And, too, you may think you will remember, but when was the last time you had your teeth x-rayed?

Let this booklet be the beginning of a lifetime of good record keeping. Add to it as you go along. Add anything you like, and be sure to add some of the things you do that make you feel good and add to your sense that a healthful life is a happy one.

BASELINE DATA* Date _____

Full name _____ Birth date _____

My hair color is _____ My weight is _____

My eyes are _____ My height is _____

My blood type is _____ Rh factor _____ positive/ _____ negative

If female: My menstrual periods began when I was _____ years old.

I do/do not wear glasses. My body type is (heavy, thin, short, tall).

Allergies _____

Sleeping patterns _____

My doctor or clinic is: _____

My family is made up of the following people:

Name	Relationship to me

[space for my photograph] [space for a family photograph]

Distribution of Blood Types

37%	O Positive	7%	O Negative
36%	A Positive	6%	B Negative
8.5%	B Positive	1.5%	B Negative
3.5%	AB Negative	.5%	AB Negative

*"Baseline data" refers to the starting point for the collection and interpretation of data that may change over time.

MY BIRTH RECORD

Date _____ Time _____ Weather _____

Hospital _____ City or town _____

Doctor/midwife _____

Weight _____ Length _____

Method of delivery _____

Special problems _____

According to _____ (interview someone who knew you then)

I was the kind of baby who _____

_____

_____

I looked like _____

_____

My birth certificate is on file at* _____

At one year my hair color was _____

At one year my eye color was _____

I walked at _____ months.

I talked at _____ months.

I was fed for the first three months: breast milk _____ formula _____

combination of breast milk and formula _____

*If you do not have a copy of your birth certificate, contact the Board of Health or Town Clerk in the community where you were born to ask where the certificate is on file. If you were born in another state, you may want to write for information: Where to Write for Birth and Death Records, General Services Administration, Consumer Information Center, Pueblo, Colorado 81009. Send 35¢.

MY CHILDHOOD ACCIDENTS AND INJURIES

Check off any of the following illnesses which you had as a child:

_____ Measles
_____ Mumps
_____ Chicken pox
_____ Rubella (German measles)
_____ Whooping cough
_____ Pneumonia
_____ Asthma
_____ Rheumatic fever
_____ Blood in urine
_____ Broken bones
_____ Urine or kidney infection
_____ Skin problems
_____ Head injury
_____ Trouble seeing
_____ Been unconscious
_____ Blood transfusion
_____ Anemia
_____ Easy bruising
_____ Worms
_____ High blood pressure
_____ Nightmares
_____ Exposure to tuberculosis
_____ Poisoning (lead, lye, etc.)
_____ Blueness (cyanosis)
_____ Fainting spells
_____ Tiring easily
_____ Seizures (with or without fever)
_____ Ear infections
_____ Mouth breathing
_____ Snoring
_____ Trouble with hearing
_____ Hoarseness or choking when swallowing

MY CHILDHOOD ACCIDENTS AND INJURIES

What Kind	Where	Treatment

MY IMMUNIZATIONS

	Date of original series	Dates of boosters	Doctor or clinic
Diptheria[1]			
Whooping cough[1]			
Tetanus[1]			
Polio			
Smallpox			
Measles[2]			
Mumps			
Rubella			
Others _____			

[1] Combined in one shot for original series.

[2] An adolescent who had a measles shot before age 15 months should be revaccinated.

Tuberculin Tests	Date	Reaction	Doctor of clinic

DENTAL CHECKUPS

Date	Treatment

EYE EXAMINATIONS

Date	Treatment

A CONTRACT WITH MYSELF

I, _____, have been giving thought to my health concerns. The concerns that seem most important to me at this time are: _____

_____

_____.

To deal with these concerns, I will take the following steps:

1. _____
2. _____
3. _____
4. _____
5. _____

I will consult with the following people: _____

_____.

_____

My goal is: _____

by (date): _____.

Signed _____

On this day _____

A SOLEMN CONTRACT

BETWEEN FRIENDS

I, _____, as _____'s friend,
(friends's name) (your name)

solemnly promise that I will never let _____ drive a
(your name)

car, motorcycle, or other vehicle, if I feel that his/her
(cross out one)

life is in danger. I will risk the loss of our friendship rather than

risk the loss of his/her life.
(cross out one)

_____
(your friend's signature)

_____
(witnessed by another friend)

_____
(date)

_____
(location)

HEALTH PLAN FOR MY MIDDLE YEARS

AT AGE	WHAT I WANT TO BE DOING	WHERE	HOW I WANT TO BE FEELING	WHAT I WOULD LIKE MY WEIGHT TO BE	WHAT I WILL DO FOR EXERCISE
20					
30					
40					
50					

MY CUMULATIVE X-RAY RECORD

It is important not to be exposed to more x-rays than absolutely necessary during one's lifetime. Medical researchers think that too many x-rays may be a contributing factor in the development of cancer. It is important that each individual keep a personal x-ray record because x-rays are done by different doctors, dentists, and hospitals throughout one's lifetime.

You can start your x-ray record now by asking your parents to help you remember when you had x-rays in the past, and you can continue to record x-rays in the future.

Date	Place	Reason for x-ray	Medical Supervisor

LOOK HOW I'VE CHANGED

THEN

When I was a child, I liked to eat: _____

_____

I particularly liked to do these things for fun: _____

_____

I got my exercise by playing: _____

_____

NOW

NOW, I like to eat: _____

_____

NOW, I like to do these things for fun: _____

_____

NOW, I like to do these things for exercise: _____

_____

FUTURE

Reserve this space for the future: (Go back and fill it in at the appropriate times.)

FIVE YEARS FROM NOW: _____(date)

I like to eat: _____

_____

I do these things for fun: _____

_____

I do these things for exercise: _____

_____

TEN YEARS FROM NOW: _____(date)

I like to eat: _____

_____

I do these things for fun: _____

_____

I do these things for exercise: _____ _____

_____

MOTHER'S HEALTH PROFILE

Name _____

Friends call her _____

I call her _____

Date of birth _____

Birthplace _____

Places where she has lived _____

_____

_____

Education _____

Military service _____

Jobs she has held _____

_____

Community service _____

_____

Hobbies and interests _____

Favorite foods _____

Medical Information

Allergies (to substances or medication) _____

Major illnesses _____

_____

Operations _____

_____

Accidents _____

_____

Health problems _____

_____

FATHER'S HEALTH PROFILE

Name _____

Friends call him _____

I call him _____

Date of birth _____

Birthplace _____

Places where he has lived _____

_____

_____

Education _____

Military service _____

Jobs he has held _____

_____

Community service _____

_____

Hobbies and interests _____

Favorite foods _____

Medical Information

Allergies (to substances or medication) _____

Major illnesses _____

_____

Operations _____

_____

Accidents _____

_____

Health problems _____

_____

PATERNAL GRANDPARENTS

GRANDMOTHER		GRANDFATHER
_____	Name	_____
_____	Nickname	_____
_____	Family name	_____
_____	Date of birth	_____
_____	Place of birth	_____
_____	Born in hospital or at home	_____
_____	Grew up where?	_____
_____	Occupations	_____
_____	Hobbies	_____
_____	Height	_____
_____	Weight	_____
_____	Hair	_____
_____	Eyes	_____
_____	Medical concerns	_____
_____	If deceased, cause and date of death	_____

Number of children: _____ Number of grandchildren: _____

Accidents or diseases they had: _____

_____

Some things I have learned from them: _____

_____

_____

_____

MATERNAL GRANDPARENTS

GRANDMOTHER		GRANDFATHER
	Name	
	Nickname	
	Family name	
	Date of birth	
	Place of birth	
	Born in hospital or at home	
	Grew up where?	
	Occupations	
	Hobbies	
	Height	
	Weight	
	Hair	
	Eyes	
	Medical concerns	
	If deceased, cause and date of death	

Number of children: _____ Number of grandchildren: _____

Accidents or diseases they had: _____

_____

Some things I have learned from them: _____

_____

_____

_____

CHECKLIST OF FAMILY ILLNESSES AND MEDICAL CONDITIONS

Condition	Family Member(s)	Remarks
Allergies/Asthma		
Anemia		
Arthritis		
Blood Diseases		
Cancer		
Cystic Fibrosis		
Deafness		
Diabetes		
Emphysema		
Epilepsy		
Glaucoma		
Hay Fever		
Heart Disease		
Hemophilia		
High Blood Pressure		
Huntington's Disease		
Kidney Disease		
Liver Disease		
Mental Illness		
Migraine Headache		
Muscular Dystrophy		
Obesity		
Rheumatic Fever		
Sickle Cell Anemia		
Sickle Cell Trait		
Stroke		
Tay-Sachs Disease		
Thalassemia		
Tuberculosis		
Ulcers		
Visual Problems		
Other Birth Defects:		
Other:		

ANALYSIS OF MEDICAL HISTORY

In reviewing the medical histories of the members of my family who were born before me, I have learned, perhaps, that certain medical problems have occurred in the past. I will want to take appropriate measures for myself that may prevent my having to deal with that same problem in my own life. These are some of the problems I have noted:

_____

_____

_____

_____

_____

Given a history of these particular problems, these are the things that I can plan to do that can assist me in preventing their becoming problems in my own life:

DIET

Kinds of nutritional patterns I will want to establish: _____

_____

Ideal weight: _____

EXERCISE

Patterns I want to establish: _____

_____

Goals: _____

_____

OTHER IMPLICATIONS FOR LIFESTYLE CHOICES

Use of tobacco _____

Use of drugs _____

Use of alcohol _____

Sleep patterns _____

Stress management _____

Other _____

TOWARD A HEALTHY FUTURE FAMILY

Possible danger areas: Things I do now that could affect a family I might have in the future, and what I can do about them.

GOAL:		
PLAN:		
Immediately, I can:	In the next two years I can:	Then, I can:

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HEALTH HISTORY OF A FUTURE HUSBAND OR WIFE

Name _____

Date of birth _____ Place of birth _____

Weight at birth _____ Height at birth _____

Siblings (ages now) _____

Relatives' health status:	Condition	Special Problems
Mother		
Father		
Grandmother (maternal)		
Grandfather (maternal)		
Grandmother (paternal)		
Grandfather (paternal)		

My future spouse: Any health concerns? _____

If so, plans for dealing with health concerns: _____

_____

_____

Immunization record: (Those diseases that affect pregnancy)
German measles vaccine _____
Mumps vaccine _____
Other _____

Blood type _____ Rh factor _____ positive / _____ negative